DOCUMENT RESUME

ED 143 680 TM 006 424

TITLE	Education of Handicapped Act Title VI, Part B. Report No. 7725.
INSTITUTION	Philadelphia School District, Pa. Office of Research and Evaluation.
PUB DATE	Nov 76
NOTE	168p.
EDRS PRICE	MF-$0.83 HC-$8.69 Plus Postage.
DESCRIPTORS	Aurally Handicapped; Educational Diagnosis; *Educational Programs; *Handicapped Children; Hard of Hearing; Inservice Education; Language Handicapped; Mentally Handicapped; Parent Participation; *Preschool Children; *Program Evaluation; Screening Tests; *Special Education; Speech Handicapped
IDENTIFIERS	Education of the Handicapped Act Title VI B; Pennsylvania (Philadelphia); Philadelphia School District PA

ABSTRACT

Projects in the Philadelphia School System funded under the Education of the Handicapped Act, Title VI-B, during 1975-76 included two major components: the Model Services for Handicapped Infants Program, designed to provide education and training, within the home environment, to handicapped children (0-3 years) and their parents; and the Preschool Speech and Hearing Diagnostic Program, designed to provide comprehensive services to speech, language and hearing impaired children (3-5 years). The Preschool Speech and Hearing Diagnostic program provided these services: identification and diagnosis of handicapped children, prescriptive therapy incorporating both individual and group procedures, parent involvement in language simulation therapy, and training to classroom teachers and aides in techniques for stimulating language deficient children. Activities of the Handicapped Infants Program staff included preliminary evaluation of children, scheduling clinic and hospital appointments, accompanying parents to clinic appointments to provide psychological support and explain procedures, consulting with parents, teaching parents infant stimulation techniques, and referring parents to appropriate social agencies for continued services. Efforts to increase public awareness of these programs, implementation of the goals, and evaluation methods are described. Data collection instruments are appended. (Author/MV)

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Education of Handicapped Act
Title VI, Part B

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TM006 424

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Abstract

The Education of the Handicapped Act project included two major components: Model Services for Handicapped Infants Program, designed to provide education and training, within the home environment, to handicapped children (0-3 years) and their parents; and the Pre-School Speech and Hearing Diagnostic Program, designed to provide comprehensive services to speech, language and hearing impaired children (3-5 years).

The latter program was sub-divided into (a) Pre-school Speech and Language Diagnostic Clinics located at five sites; (b) Speech and Language for Get Set Retarded Children located in five Get Set Centers; (c) Pre-school Services for the Hearing Impaired located at five sites with additional services of two Itinerant Hearing Diagnosticians.

All components of the Pre-school Speech and Hearing Diagnostic program provided these services: (a) identification and diagnoses of handicapped children, (b) prescriptive therapy incorporating both individual and group procedures, and (c) parent involvement in language stimulation therapy. The Get Set subcomponent also offered training to classroom teachers and aides in the development and use of special techniques for stimulating language in language deficient children.

Characteristic activities provided by the Handicapped Infants Program staff included (a) preliminary evaluations of the children in question, (b) scheduling clinic and hospital appointments, (c) accompanying parents to clinic appointments to provide psychological support and explain procedures to the parent, (d) parent consultations, (e) teaching parents techniques for infant stimulation, (f) referring parents to appropriate social agencies for continued services.

Components of the program were activated unevenly during the 1975-1976 year. In general, staff and clinics that functioned during the 1974-1975 fiscal year resumed activities on schedule in September 1975 (except for hearing diagnosticians).

The Pre-school Speech and Hearing component identified 470 children as being handicapped (88% of anticipated) and provided therapy to 182 children (84% of anticipated). Personnel tested 175% more children and provided therapy to 256% more children in 1975-1976 than in 1974-1975. The Infant Program identified 15 children as being handicapped.

Fifty-two Pre-school agencies were surveyed in order to document the kinds of handicaps served, type of staff, quality of program and specifications for enrollent. Approximately 75 children were referred for services and all were placed.

The Information Manager devised and designed a computerized child tracking system for all Special Education children 0-21 years.

Difficulties in implementing the program were evident in that (a) the interpretation of the role of the case manager and information manager was changed, (b) the overall public awareness campaign was not activated, (c) resource centers functioned as referral information centers instead of providing material/techniques, (d) the social worker for the Pre-school Speech and Hearing component was not hired thereby requiring other staff members to fill this role and/or eliminate services, (e) the period of operation was reduced to half a year for the new components as a result of administrative delays.

The evaluation revealed a need for program revisions in the areas of organization, goal clarification, and evaluation design. Recommendations were made to improve the communication pattern of information to and from program administration, and across program components.

Program Description

Projects in the Philadelphia School System funded under the Title VI-B "Education of the Handicapped Act" during the 1975-1976 fiscal year included two major components:

1. The Model Services for Handicapped Infants Program which was designed to provide education and training, within the home environment, to handicapped children (0-3 years) and their parents; and
2. The Pre-school Speech and Hearing Diagnostic Program which was designed to provide comprehensive services to speech, language and hearing impaired children, ages three to five years. The Pre-school Speech and Hearing Diagnostic Program was sub-divided into three components:
   a. Pre-school Speech and Language Diagnostic clinics located at five sites.
   b. Speech and language for Get Set retarded children enrolled in five Get Set Centers.
   c. Pre-school services for the hearing impaired located at five sites with the additional services of two itinerant hearing diagnosticians who operate on a city-wide basis.

All components of the Pre-school Speech and Hearing Diagnostic Program provided these services:

1. The identification and diagnoses of handicapped children.
2. Prescriptive therapy incorporating both individual and group procedures.
3. Parent involvement in language stimulation therapy.

The Get Set subcomponent of the Pre-school Speech and Hearing Diagnostic Program also offered training to classroom teachers and aides in the development and use of special techniques for stimulating language in language deficient children.

The components of the Title VI-B Program differed in the methods of program operation, organization, and populations served, although similar objectives were shared. Subsequent paragraphs detail the nature of these differences.

The Model Services for Handicapped Infants Program staff consisted of three full time employees - a coordinator, a social worker, and a secretary. Through their combined efforts, parents of infants 0-3 years having developmental problems, and/or organizations serving such infants were contacted for the purpose of familiarizing them with the services offered by the Handicapped Infants Program.

These initial contacts were followed by interviews with parents to determine family dynamics, attitudes, the child's developmental history, the child's development. From these interviews, Handicapped Infant Program Staff implemented individual programs for the family and child judged to be appropriate in overcoming deficiencies inherent in the child's environment and/or providing supplementary services for stimulating more normal growth.

Characteristic activities provided by the Handicapped Infants Program staff included:

1. preliminary evaluations of the children in question
2. scheduling clinic and hospital appointments
3. accompanying parents to clinic appointments to provide psychological support and to explain procedures to the parent

4. parent consultations

5. teaching parents techniques for infant stimulation

6. referring parents to appropriate social agencies for continued service

The Pre-school Speech and Language Diagnostic Clinics were located in the Powelton Avenue Special Education Center and the Spruance, Emlen, F. Douglas, and D. N. Fell Schools. The staff consisted of a program manager, a supervisor, 8 speech therapists, and 2 secretaries. The program manager was also responsible for the learning component and the supervisor was paid from school operating funds. All members of the staff worked in some capacity to disseminate information about the Pre-school Clinics by generating printed materials, making telephone contact and/or oral presentations.

In addition, therapists provided individualized instruction for speech and language handicapped children, ages 3-5 years, during therapy sessions two times a week. Characteristic services provided by therapists were:

.diagnostic testing

.parent consultation

.remedial instruction

.referral services

.parent instruction in speech stimulation techniques

Children admitted to therapy had been diagnosed as being language deficient as compared to normal standards. One to one instructional sessions were implemented to reduce the developmental lag using instructional strategies based on individual and family needs. Efforts to assure instruc-

tional continuity for these children were provided by therapists who contacted other pre-school programs in which the child was enrolled to coordinate instructional efforts as much as possible, and provided parents with homework activities to extend therapy session concepts.

The staff of the Speech and Language Get Set Component for retarded children was limited to one itinerant therapist who visited five Get Set sites (Russell Tabernacle, St. Barnabus, St. Mary's, St. Joseph's and Thankful Baptist Churches). Each church housed one class which the therapist visited one time per week from 9:00 a.m. to 12 noon. During center visits, the itinerant teacher acted as a resource person, provided teachers with innovative teaching strategies, demonstrated and supplemented lessons, served as a consultant for parents, tested children, and planned with the classroom teachers the instructional goals for the classes. The Speech and Language therapist servicing these Get Set classes worked under the supervision of the VI-B Program Management and the Supervisor of Speech Correction.

The itinerant therapist also provided workshops for teacher aides in Special Education to increase their skills for coping with children having special problems. These workshops emphasized language stimulation techniques and basic concepts in language development.

In addition, referral information for retarded children was organized and disseminated by the itinerant teacher. Parents needing information concerning existing agencies and services were referred by the itinerant teacher to programs which seemed appropriate for their needs.

The Pre-school Hearing Program shared the supervisor, Title VI-B program manager, and secretaries with the Speech component. Additional

staff included two itinerant audiological diagnosticians who screen children city-wide and four hearing therapists, - one in each of the following centers: Spruance, Emlen, F. Douglass, and D. N. Fell Schools.

Children birth to five years were referred to the hearing centers as a result of screening tests administered by the itinerant audiological diagnosticians and by speech therapists who had determined through testing that the children's primary problems were manifested by hearing losses. Audiological tests were administered several times to children falling preliminary diagnoses. Children admitted to hearing therapy not only demonstrated developmental lags but also a continuing hearing problem. Hearing therapy sessions were one to one interactions between the hearing therapists and child and were scheduled two times per week for 45 minutes.

Characteristic services provided by hearing therapists are similar in kind to those provided by speech therapists:

.diagnostic testing

.parent consultations

.remedial instruction

.referral services

.parent instruction in stimulation techniques for the hearing impaired child.

Certain problems indicative of hearing impairments modify implementation processes and emphases of these services. These problems are described in the "Evaluation Analysis" section of this report.

II. Program Objectives

A. Model Services for Handicapped Infants Program

1. To achieve public awareness of programs and services available to previously unserved handicapped infants ages 0 to 3 years.
2. To identify, locate, and classify by age and service provision all handicapped persons between birth and 3 years of age within the target area.
3. To provide multi-disciplinary and ongoing diagnostic and evaluation services to all handicapped infants which will result in the development of and/or revision of individualized educational program plans.
4. To provide comprehensive preschool programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and which incorporates the concept of normalization.
5. To develop and maintain a child tracking system that assures the continuity of services and/or programs to the individual child and which will comply with the requirements on confidentiality of records.
6. To develop, maintain and make accessible to each provider of programs and services, information or resources available for all handicapped infants in I.U.26.

B. Pre-School Speech and Hearing Diagnostic Program

1. To achieve public awareness of programs and services available to unserved speech, language, and hearing preschool handicapped.
2. To identify, locate, and classify by age and service provision all language and hearing handicapped persons between the ages of 3 and 5 in Philadelphia.

3. To provide multi-disciplinary comprehensive and ongoing diagnostic and evaluation services to language and speech handicapped preschool children (ages 3 to 5) which will result in the development of individualized educational program plans.
4. To provide comprehensive preschool hearing and language programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and incorporate the concept of normalization.
5. To develop and maintain a child tracking system that assures continuity of services and/or programs to the individual child.
6. To develop, maintain and make accessible to each provider of programs and services information or resources available for all handicapped infants in I.U.26.

III. History

The Model Services for Handicapped Infants Program has been in operation for approximately one half of the 1975-1976 fiscal year. No program of this description previously existed in the Philadelphia School system; therefore, no history or prior evaluations were available.

Sub-components of the Pre-School Speech and Hearing Diagnostic Program have been funded under several Federal grants for several years. A description of the sequential development of the present program and synopses of prior evaluations follow.

A. Component A

On August 1, 1972, the Pre-School Speech and Hearing Unit (Component A) began as a subdivision under the Comprehensive Early Childhood Education Network Program. Only the Powelton Avenue Special Education Center was established which served handicapped children with both speech and hearing impairments between the ages of 3 to 5 years. The thrust of the 1972-1973 evaluation under Title III was directed toward the total early Childhood Education Network Program; therefore, the Speech and Hearing Unit was treated as a subdivision of this much larger program.

For the 1973-1974 fiscal year, the Pre-School Speech and Hearing Unit continued to operate the Powelton Avenue Special Education Center under Title III. Pre-School Speech and Hearing personnel (the program manager and therapists) established the objectives of this unit and determined the standards that would indicate the attainment of these objectives.

Children served by the Pre-School Program exhibited delayed and/or

defective speech and language development. Thirty-six children received diagnostic services; 31 children were given therapy. Of the 31 children given therapy, 3 were diagnosed as experiencing auditory-perceptual problems.

The principal objective of the program was that "70% of the children will show improvement." The staff, on the basis of clinical observation, agreed that they had achieved this objective.

Title III evaluators documented the results of the program as indicated by staff and maue the following recommendations for subsequent evaluations:

1. That a stronger evaluation emphasis was needed for the following year's program.
2. That there was a need to develop a battery of tests on which to base objective evidence.
3. That pre-post test design should be applied for data analysis.

In 1974-1975, the Pre-School Program expanded. Title III continued to fund the Powelton Avenue Special Education Center as a subsidiary of the Early Childhood Network; however, Title VI ESEA funded the Spruance Clinic which opened during that year. Because of the segmented nature of the program, neither Title III or Title VI evaluators were responsible for the overall Pre-School Program. The evaluators of Title III did note, however, that diagnoses were given to 36 children and therapy services were given to 30 children at the Powelton Avenue Special Education Center. The evaluators listed the following events as having been attained or to be attained:

1. At the end of the child's enrollment in the program his parents or guardians will continue the program of home stimulation.

2. Before the 7th therapy session, the therapist will write for the records a predicted improvement expectancy in the area of the child's handicap.
3. At least 70% of the children enrolled in the program who attended 20 therapy sessions will have met or exceeded the predicted improvement expectancy.
4. The program will have begun general diagnoses of 3 and 4 year old children referred to them by August, 1974 and a teacher of speech correction will begin specific diagnosis of each child by September, 1974.
5. Each child diagnosed will be examined for eight listed disorders.
6. At least four of the enrolled children in each group of 15 will be referred to the program by the Parochial School System.
7. At least one of the children whose parents or guardians expect to enroll them in public school will live within the boundaries of one of the eight public school districts.
8. Each child accepted for therapy into the program will begin therapy within one month of acceptance.
9. The average child will receive 25 hours of therapy.
10. The program manager and the teacher of special correction will diagnose enough children to have a new group of 15 ready to begin therapy by March, 1975.
11. One of the parents or guardians of a given child will discuss the child's progress in his home stimulation and will receive suggestions for the program manager or the teacher of speech correction.
12. The program manager will provide inservice observation for individuals and groups of speech and hearing therapists.

13. The program manager will spend approximately two hours per day coordinating the program.

14. The program manager will supervise the teacher of speech correction.

All the above activities were documented as having been met. Parents reported that the therapy provided in the program was helpful to their children and that the additional instruction they received for working with their children at home was effective also. Furthermore, at least 15 children were accepted into the program by October 1974.

The Powelton Avenue Special Education Center and Spruance Clinic plus three other newly established clinics comprised the Component A portion of the 1975-1976 Pre-School Speech and Hearing Diagnostic Program. The 1975-1976 fiscal year is the first year the total Pre-School Clinic Program received emphasis in evaluation and data provided that reflects the functioning of all components.

B. Component B

Component B of the 1975-1976 Pre-School Speech and Hearing Program was the Get Set Retarded Program. This component, as a sub-division of the Pre-School Clinic operation, has served children since November 1972 and has been funded under Title VI-B from its inception. No local evaluations were conducted prior to the 1975-1976 fiscal year.

C. Component C

Component C of the 1975-1976 Pre-School Speech and Hearing Program consisted of five clinic sites operating in coordination with the Speech Component (A) as well as two itinerant audiologists. The evaluation of the Hearing Component in previous years was included with clinic evaluations; the evaluation of the two itinerant audiologists was made by Title I

evaluators for the 1974-1975 fiscal year as a part of the Itinerant Hearing Service. This one objective reflected the input of these two audiologists in the Itinerant Hearing Service during 1974-1975:

Objective 3: To identify a minimum of 100 preschool children reported to have a hearing loss. Those children with a loss of 30 decibels or more in both ears or 50 decibels in one ear will be referred for treatment and recorded. A pilot treatment program will be instituted before January 1975 for at least 10 of these children.

The objective was attained in that 176 children's case histories were reviewed and 126 children were evaluated. The pilot treatment program was implemented as scheduled for 15 preschool pupils, 90 minutes per week.

IV. Implementation

Components of the Title VI-B Program were activated unevenly during the 1975-1976 fiscal year. Times when critical activities began and ended are indicated on the Title VI-B Program Implementation Chart (Appendix A). In general, staff and clinics that were functional during the 1974-1975 fiscal year resumed activities on schedule September 1976, except for hearing diagnosticians. Delays in activating the remaining components of the Title VI-B Program tended to be manifestations of administrative difficulties such as:

1. State funding was officially approved almost 2 months after the beginning of the school year.
2. Sites for center locations were firmed after State funding was official.
3. Local personnel hiring policy had to be followed after State funding was official, further delaying the hiring of staff.
4. New staff members required an orientation period to insure proper program implementation techniques.
5. Requisitions of supplies and materials were not completed until funding was official.

These and other difficulties described in subsequent paragraphs, as they relate to specific components, postponed the activation of the total Title VI-B Program for the 1975-1976 fiscal year until March 1, 1976. By this time, all services that would be offered and all personnel that would be hired for the current year were functional; however, the resulting impact of these delays required the staff to make herculean efforts to meet the objectives set in the proposal and to serve as many children as possible before

the year's end.

A review of program implementation by component illustrates procedural difficulties specific to each component.

1. Model Services for Handicapped Infants Program

On December 17, 1975, the Assistant Director of Program and Instruction of the Division of Special Education reported that the Model Services for Handicapped Infants Program had taken the following steps toward implementation.

1. 232 Forms for publicizing the opportunities for vacant positions were being processed.
2. The committees for evaluating respondents to the opportunities flyers and the oral examinations had been established.
3. The completion date for hiring procedures was estimated at mid-February.
4. A staff person was working in the capacity of supply requisitioner and clerical worker.
5. Evaluation instruments (to determine children's status) had been "lined up."

It was further indicated that "no money (State) had been spent" in this portion of the program as of December 17, 1975.

Not until the week of January 26, 1976 were the coordinator and social worker officially hired in a "temporary" capacity. The research assistant met with them March 10, 1976, at which time the staff expressed concern about the prospects of meeting proposal objectives by the end of the fiscal year, since the program had become operational so late in the

year. The Attainment of Objectives Section, below, details their efforts in meeting proposal objectives and the results of their activities.

2A. Speech and Hearing Diagnostic Clinic

Five Pre-school Speech and Language Diagnostic Clinics were scheduled for operation for the full 1975-1976 school year; however, the difficulties experienced by the Model Services for Handicapped Infants Program existed in the Pre-school Speech and Hearing Diagnostic Program also. That is, additional pathologists were not hired until the week of February 23, 1976.

New Pre-School staff had the advantage of being absorbed by a program already established which should have decreased the time needed between being hired and servicing children. In addition, all pathologists "new" to the Pre-School Program had had previous experience in therapy procedures. However, on completing a brief orientation period, the priority of new staff members became soliciting children for enrollment so that all pathologists would have a full case load for the remainder of the year. Soliciting children for therapy treatment in March of the school year proved to be a difficult task. Therapists records indicated that some children previously located by Speech and Language personnel had gone elsewhere to receive services; parents were concerned about the long delay in program implementation. Referrals from other agencies were postponed until the 1976-1977 fiscal year.

Only two Pre-School Speech and Language Clinics operated the full year: Powelton Avenue Special Education Center and the Spruance Clinic. The other three centers were greatly effected by administrative delays described previously so that personnel in new centers could provide only an

abbreviated therapy schedule for the remainder of the fiscal year.

2B. Speech and Language Clinics for Get Set Retarded Children

The Speech and Language service to Get Set retarded children enrolled in five Get Set Centers was provided for the full year. The procedures and tests used by the itinerant therapist have been devised and modified over the past three years this service has been offered. Although the psychometric properties of the instruments used are unknown, the teacher is able to establish some basis for indicating children's progress during enrollment in the program. These instruments function as aids to the informed judgment of the teacher. Programmatic delays minimally affected services offered by this component.

The 1975-1976 fiscal year marks the first time evaluation efforts will reflect the impact of this service.

2C. Pre-School In The Hearing Impaired Clinics

Pre-School services for the Hearing Impaired was to be a continuation and expansion of the Hearing Program funded as Title I since November, 1975, then changed to Title VI-B for the 1975-1976 fiscal year. As of February 9, 1976, the Pre-School Hearing component was at this level of operation:

The population pool from which the program would draw its children consisted of 24 referrals and 17 records of older children who were being tracked. Twenty-two children were considered as "active" although no services were being provided, and it was not known whether these children were attending other institutions.

Additional preparations made to provide services were:

1. forms for implementing the program had been assembled

2. materials from Title I funding were on hand

3. office and therapy areas had been designated

4. requisitions had been made for cabinets and supplies

The Hearing Component became operable the week of March 1, 1976. Since the services which had been available in 1975, stopped because Title I funding ended, agencies and parents most disposed to using hearing services tended to postpone referrals until the following fiscal year to avoid interrupting programs children were already involved in with other agencies. In addition, remaining time available was not sufficient to permit follow-up procedures before the school year ended.

In spite of the less than optimal conditions for program implementation described above, mention must be made of local efforts to provide continuous service for speech and hearing impaired children. The Program Implementation Chart indicates that several critical activities for the program were begun and continued prior to official State funding and that key personnel such as the program manager, five pathologists, a secretary and an information manager were also employed before the week of October 27, 1976 when State funding was official. These staff members and other personnel, funded through the local resources, organized the Title VI-B Program as far as possible with local resources and offered some services to children as early as September, 1975. This evaluation, then, reflects the impact of a program only partially implemented for most of the year and not the total program as described in the proposal.

ATTAINMENT OF OBJECTIVES - PRE-SCHOOL SPEECH AND HEARING DIAGNOSTIC PROGRAM

Introduction

The design used for evaluation is presented in Appendix A[1]. This design was developed by the research assistant based on proposal descriptions and subsequent state mandates as they were revised for certain aspects of the program for the 1975-1976 fiscal year.

The objectives stated in the proposal were conceived by state level personnel and expressed in general terms for applicability on a state-wide basis. Local personnel were required to address these objectives in the propusal submitted as they related to populations and resources in this Intermediate Unit (I.U.). Options for modifying certain aspects of the proposal were given by the state to the I.U.

The described approach to formulating objectives led to several problems in designing and implementing the evaluation.

1. Because the objectives were expressed in general terms for state-wide application, expected standards of performance were not specified.
2. The generalized state objectives lacked definitions of important terms, e.g., "comprehensive program," "normalization," and "full potential."

The local autonomy permitted by the State in program implementation (even to the point of deviating from the proposal), while quite possibly advisable in terms of facilitating program development at this early stage, made difficult the development of an evaluation design at the beginning of the program that could be carried out through the entire year.

Because of these factors, the attainment of objectives section was organized

1. To summarize proposal intent with regard to the objectives
2. To provide descriptions of actual implementation practices

By using this method, inferences from descriptive accounts could be made in areas where measurements were not available; in addition, relevant objective evidence could be documented as an information base for future development of the Title VI-B program.

Objective 1: To achieve public awareness of programs and services available to unserved speech, language, and hearing pre-school handicapped.

General Proposal Intent:

a. to disseminate handbills, brochures, etc.

b. to talk with parents and community groups.

c. to provide basic information regarding how normal speech and language develop

d. to provide information about the nature of specific speech, hearing, and/or language disorders

e. to provide parent consultation in speech and language developmental processes

f. to present methods of introducing stimulation procedures to classroom teachers (p.79).*

Specific Proposal Intent:

Component A

a. the program manager and information manager will talk with community groups, professional societies and school related organization

b. the program manager and social worker will continue direct contact with area clinics, hospitals, day care centers, and nurseries

c. brochures, hand-outs, and letters will be circulated (p.80)

d. announcements and public interest articles will be used in neighborhood and organizational newsletters (p.81)

Component B

a. staff briefings will be implemented

b. notifications will be printed

c. the program manager will include mention of services in pre-school presentations

Component C

a. the program manager and information manager will contact child development agencies, public and private health services and hospitals, the Philadelphia Medical Society, the Philadelphia Hearing Society and others

b. mail-outs, printed announcements, letters, and telephone calls will be made

c. the staff will make available inservice workshops at request of agencies (p.83,84)

*Page numbers in parentheses refer to Education of Handicapped Proposal Title VI, Part B, 1975-1976.

Evaluation Questions to be Answered

a. What media did the staff use to disseminate information?

Efforts to achieve public awareness of programs included the following activities by the staff:

workshops, telephone contacts, personal contacts, flyers, brochures, handouts, meetings with organizations - parochial school personnel, hospital staffs, Day Care Centers, other School District programs, etc. (See p. 10 for a list of referral agencies)

The program manager operated in the described manner to disseminate information without assistance from the information manager or social worker because, (1) the information manager's responsibilities were interpreted to be that of designing the tracking system and (2) the social worker was not hired for this fiscal year. Generally, efforts to disseminate information using the media described in the proposal were implemented within the limits of capabilities of Title VI-B personnel.

b. Which method of information dissemination was most productive in achieving public awareness as indicated by parental contact with program staff?

Accurate data indicating the numbers of all contacts made by Title VI-B personnel were not available, especially in the area of informal personal contacts. More formal efforts at information dissemination were recorded on a Media Dissemination Form completed by Title VI-B Special Education staff. This form requested the recording of the media through which the parent learned about the Title VI-B program (See Appendix B).

The Media Dissemination Form assumes that parents indicated the media source effective in motivating them to initiate program contact. It is entirely possible that several exposures to this information led to parent action in individual cases.

Table 1 summarizes the data from the Media Dissemination Form.

Table 1

Media Dissemination Form Results

Referral Information Source	Number
Professionals	238
Non-Professionals	31
Flyers	13
Other	0
Total	282

Parents indicated that professional referrals were most effective in providing the awareness that led them to request Title VI-B program service.

Objective 2: To identify, locate, and classify by age and service provision all language and hearing handicapped persons between the ages of three and five in Philadelphia.

Proposal Intent:

Component A

(a) To stimulate referrals from these sources:

.Get Set Day Care classes

.Head Start classes

.District Special Education supervisors

.Kindergarten supervisors

.Attendance officers

.School psychologists

.The Archdiocesan School System

.Area hospitals

.Clinics

.Nurseries

.Parents (p.85)

(b) To include identification procedures in informational workshops.

(c) To classify children by age and subadministrative district on receipt of referrals.

(d) To process these children for an appointment.

(e) To use three sites for these operations (p.36).

Component B

(a) To provide inservice (sessions) to teachers and parents of mentally retarded pupils.

(b) To provide direct service to 16 preschool mentally retarded pupils (p.87).

Component C

(a) To identify, locate and classify by age and degree of hearing impairment pre-school children aged 0 to 5 with suspected hearing problems.

(b) To establish new contacts with outside agencies to obtain referrals.

(c) To provide inservice training to Day Care agencies, health

(d) To make follow-up recommendations to parents through counseling (p.88-90).

Evaluation Questions to be Answered

a. To what extent have handicapped pre-school children been processed according to the specifications of the Pre-school Project?

An Extent of Service Form (Appendix C) was distributed to the staff in the Title VI-B program. Four hundred and seventy children's names were recorded this year in the files of the three components of Pre-school Speech and Hearing according to the supervisor of Title VI-B program. The results were recorded in Table 2. (Three hundred and thirty-six were reported to the Research Assistant and categorized)

TABLE 2

Extent of Services Provided to Handicapped Children

Source: Supervisor's Files

	Located	Classified	Received Services	Waiting List
Total Number	470	319	224	84
Percent	100	68	48	17

Source: Data Submitted to Evaluator By Project Personnel

	Located	Classified	Received Services	Waiting List
Total Number	336	319	224	84
Percent	100	95	67	25

An additional file of referrals of children to other programs after completion of therapy was kept by the Title VI-B program.

Referrals of children to the Title VI-B program from other agencies as indicated on the Extent of Services Form were alphabetized and the number of referrals for the 1975-1976 fiscal year tallied. Table 3 summarizes these results.

TABLE 3

ORGANIZATIONS REFERRING CHILDREN FOR TITLE VIB SERVICES

NAME OF ORGANIZATION a/or AGENCY	NO. CHILDREN REFERRED
1. Bethune Annex	1
2. Blankenburg School Child Care	1
3. Bonnie Simon Children's Hospital	1
4. Catholic School Services Case Worker	1
5. Child Guidance Center	1
6. Children's Hospital of Pennsylvania	12
7. Community Concern Center	2
8. Covenant House	2
9. Day Care Centers (unspecified)	30
10. Downtown Children's Center	4
11. D. Romans Houston Day Care Head	2
12. Early Childhood Development Network	2
13. E.L.C.	5
14. Get Set	81
15. Growth & Development Center	11
16. Hahnemann Social Service	1
17. Harrity Child Care Center	1
18. Head Start	12
19. Jefferson	1
20. Ken-Crest Center	1
21. Kensington Child Care Center	1
22. Kindergartens (unspecified)	5
23. Medical College of Pennsylvania	3
24. Moss Rehabilitation Hospital	2
25. Northeast Growth & Development Center	1
26. Northeast Mental Health Center	3
27. Nursery Schools (unspecified)	17
28. Our Mother of Sorrows	3
29. Pre-schools (unspecified)	10
30. PARC Association	1
31. Personal References	54
32. Planned Learning Center	1
33. Phila. Child Guidance Clinic Play & Learning Ctr	1
34. School Board Special Services	34
35. St. Agnes Hospital	1
36. St. Bartholomew Get Set Day Care Center	2
37. Temple University	1
38. Walnut Center	1
39. West Phila. Mental Health Consortium Day Care	12
40. Women's Medical Hospital	1
TOTAL	326

TABLE 4

NUMBER OF HANDICAPPED CHILDREN IDENTIFIED VIA SCREENING AND EVALUATION AND THE NUMBER RECEIVING SPEECH AND HEARING THERAPY

	Identified			Received Speech and Hearing Therapy		
	Expected	Served	% of Expected	Expected	Served	% of Expected
Year 1974-1975	No estimate made	267*	-	No estimate made	71	-
Year 1975-1976	532***	470**	88%	216	182	84%

*Total derived by adding the number of children given in-depth diagnosis (N= 38 children) and the number of children screened (N=179) during the 1974-1975 school year.

**Total derived by adding the number of children administered intensive speech and language (N = 56) and the number of children given hearing therapy (N= 15) during the fiscal year.

***Expected figures were listed in the proposal.

Title VI-B personnel tested 176% more children in 1975-1976 than were tested during the 1974-1975 fiscal year but only 88% of the number of children that were anticipated.

Two hundred fifty-six percent more children were seen for therapy during the 1975-1976 year than during the 1974-1975, but 87% of the number of children that were anticipated received therapy.

b. How many new entires have been recorded this year?

New entries recorded by therapists on the Extent of Services Form (see Appendix C, Column L) indicated that 336 children have been located during the 1975-1976 fiscal year. Additional referrals not included at the time these forms were completed but recorded by the Title VI-B Supervisor.

c. How does the number of new entires recorded this year compare with the number recorded in 1974-1975?

The kind of data collected by Pre-school Speech and Hearing staff differed in 1975-1976 from data collected the previous year in that numbers of children served by the Title VI-B Program were not divided into the 12 subgroups enumerated in the 1975-1976 proposal. (pp. 85-89, and pp. 66-68). Instead, total numbers were kept of number of children tested and the numbers of children seen for therapy for the Speech and Language Clinics and the Hearing Clinics combined.

Through the cooperative efforts of the Research Assistant and the Title VI-B Supervisor, Table 4 was devised to allow a comparison of numbers for the two years in question.

d. How does the number of pre-school handicapped children identified compare with estimates of pre-school children so impaired?

The Research Assistant initiated efforts to convert percentage estimates of Speech, Language and Hearing Pathological Research data, on which the proposal estimates are based, to numerical estimates of children

who would be eligible for Title VI-B program services for the 1975-1976 fiscal year.

Two groups of estimation figures were being used by Special Education personnel. Table 5 records the percentages indicated in the proposal that were converted to numbers using records from the Division of Administrative & Survey Research Services.

TABLE 5

A COMPARISON OF ESTIMATION FIGURES OF CHILDREN TO BE SERVED BY TITLE VI-B PROJECT

Source	Age Group	% Estimate	Number Phila. Students in Age Groups	Potential Title IV-B Serve
Division of Adm. & Survey Research	5 year olds[A] only	15	30,167[B]	4,525 (Speech)
	0-5 yrs. old	4.6	150,834	6,938 (Hearing)
Special Education	3-5 yr. olds	5	69,999[C]	3,500 (Speech)
	0-5 yr. olds	2	116,665[C]	2,333 (Hearing)

[A] 3 and 4 year olds not included in proposal estimate

[B] Figures based on enrollment figures and interpolation where necessary

[C] Derived by dividing the total number of Philadelphia students (280,000) by the number of grades (12) with assumption that all grades have equal number of students.

Program personnel indicated that estimates of the numbers of Speech and Hearing Impaired range from 3% counting the profoundly impaired

to 10% which includes the mildly impaired. Estimates of numbers applicable to the specifications of the existing Speech and Hearing Programs were not available.

It does seem, however, that by either estimate, only a fraction of the target population was served by the Title VI-B Program during this fiscal year.

The data indicates that referrals were stimulated from a variety of sources and that children were being processed in the manner described in the objective. Records of Speech and Hearing personnel verify that children were classified as intended.

Observation Data

Observations of the Research Assistant verified the fact that parent consultations, inservice training, workshops, as well as new contact efforts, were being implemented throughout this fiscal year.

Twenty-nine observations of Title VI-B therapists were made by the Research Assistant during this year. An overview of these observations follow. Therapeutic clinicians were observed to include the following elements in the 45 minute therapy sessions.

1. a planned instructional program on a one to one basis with the child
2. a variety of visual aids, materials, and themes for instruction
3. testing - informally and/or formally
4. parent consultation
5. free play for the child

Expectations of conformity to these procedures was communicated by the Title VI-B supervisor through orientation sessions and monthly meetings of the therapists. Deviations were found to be limited to minor innovations of individual therapists.

The Get Set itinerant therapist serving retarded children followed this general format during her one time per week three-hour classroom sessions.

1. teacher and/or parent consultations

2. "circle time" group activities and demonstrations

3. individual remedial instruction

Formal testing activities by the itinerant therapists were minimal.

In addition to the described work with classes of retarded children, the itinerant therapist planned and presented a workshop for classroom aides stressing basic concepts in language stimulation. Pertinent information regarding the evaluation of this workshop is in Appendix D.

Objective 3: To provide multi-disciplinary comprehensive and ongoing diagnostic and evaluation services to Language and Speech Handicapped Preschool children (ages 3 to 5) which will result in the development of individualized educational program plans.

Proposal Intent

Component A

a. To continue diagnostic, evaluative, and therapeutic services for children ages 3 to 5.

b. To devise individualized prescriptions, if needed.

c. To involve other specialists in generating a multi-disciplinary approach.

d. To maintain complete case histories and other reports for children served.

e. To provide therapy sessions two times per week for 45 minutes.

f. To include parent conferences and/or participation in therapy sessions.

g. To write a predicted improvement expectancy estimate

for each child before the 7th therapy session (p.91-94).

Component B

a. To provide diagnostic and evaluation services.

b. To involve other specialists in diagnostic evaluations.

c. To provide therapy with groups and individually for children with severe pathological and/or functional speech, hearing and/or language disorders two times per week.

Component C

a. To provide individualized diagnostic and educational services to the Hearing Impaired children ages 0 to 5 years and their parents.

b. To provide follow-up services to children with hearing losses.

Evaluation Questions

a. What kinds of instruments and/or techniques are being used to diagnose and evaluate handicapped pre-school children?

Children treated in the Pre-school Clinics ranged in degree of impairment from those who were nonverbal and untestable to those who had slight speech impediments and near normal ability. Because of the range of handicapped children treated, therapists selected tests which they deemed appropriate for use with particular children. Appendix E (The Assessment Instruments for Diagnosis and Evaluation of Speech and Hearing Handicapped Children Form) was distributed to the therapists to be completed as far as possible. Table 6 identifies the tests used in order of most frequently administered to least frequently administered.

Table 6

Instruments and/or Techniques Used to Evaluate and Diagnose Handicapped Pre-school Children (Ages 3-5)

Name of Test	Number of children tested					
	Pretest		Posttest		Total	
	#	%	#	%	#	%
I. Vocabulary (Peabody)	114	9.0	61	8.7	175	8.8
other Vocabulary Test	19	1.5	4	0.6	23	1.2
II. Denver Development						
a. social-personal	70	5.5	33	4.7	103	5.2
b. fine motor adaptive	66	5.2	33	4.7	99	5.0
c. language	67	5.2	33	4.7	100	5.1
d. gross motor	63	4.9	33	4.7	99	5.0
III Articulation (Goldman-Fristoe)						
a. sounds-in-words	109	8.5	59	8.4	168	8.5
b. syllable stimulability	12	1.0	10	1.4	22	1.1
IV. Psycholinguistic Abilities						
a. auditory decoding	102	8.0	60	8.6	162	8.2
b. visual decoding	95	7.4	58	8.3	153	7.7
c. auditory-vocal association	97	7.6	60	8.6	157	7.9
d. visual-motor association	93	7.3	58	8.3	151	7.6
e. verbal expression	84	6.6	57	8.3	141	7.1
f. manual expression	84	6.6	57	8.3	141	7.1
g. auditory sequential memory	87	6.8	60	8.6	147	7.4
V. Other tests-Most Frequent						
ACLC	17	1.3	2	0.3	19	1.0
Carrow-Auditory Compehension of Language	8	0.6	2	0.3	10	0.5
TACI	6	.5	6	.8	12	0.6
Pre-school Language Scale	3	.2			3	0.2
Northwestern Syntax St	3	.2			3	0.2
Zimmermans Preschool Lang. Scale	2	.1			2	0.1
Kindergarten Auditory Screening Test	1	.1			1	-
NSST	2	.1			2	0.1
Critical Elements subtest 4 yr. olds	17	1.3	2	.3	19	1.0
Critical elements subtest for 3 yr. olds	16	1.3	2	.3	18	0.9
Critical elements subtests for 2 yr. olds	16	1.3	2	.3	18	0.9
Auditory Comprehension	4	.3			4	0.2
Expressive subtest	4	.3	1	.1	-5	0.2
Receptive subtest	3	.2			3	0.2
Morphology	2	.1	2	.3	4	0.2
Syntax	2	.1	3	.4	5	0.2
Other	12	.9			12	0.6
Total	1280	99.9	698	100	1978	100

b. How often did evaluations take place - for children on the waiting list?

- for children receiving therapy?

Children on the waiting list recorded on Form 2 - Extent of Services (Appendix C) were tested at least one time. The intensity of testing ranged from screening evaluations to more detailed test batteries. The 137 children referred but not processed by Title VI-B personnel had not been tested before the end of the fiscal year. All children tested (i.e., classified) and included on the waiting list would not be administered subsequent tests until admitted for therapy.

Title VI-B personnel routinely gave pretests and posttests to children receiving therapy. The number of tests administered varied with the assessed needs of the child and/or the areas of therapy emphasis.

Only pretests were given to children enrolled in the three new clinics, since the abbreviated therapy period from March 1, 1976 to June 18, 1976 did not allow time for meaningful posttest results. Many children in the new sites were enrolled weeks after the March 1, 1976 opening.

Children who continued therapy for two consecutive terms were given a pretest on entering therapy and a posttest at the termination of the therapy period of approximately 15 sessions. The posttests served as a pretest for the subsequent period.

Table 6 indicates the number of pre- and or posttests children were administered. The tests most frequently used were the Peabody Vocabulary test, the sounds-in-words subtest of the Goldman-Fristoes test, the Psycho-linguistic Abilities battery and the subtests of the Denver Developmental Test.

Because the implementation of the program significantly reduced the number of children having pre-post test scores, comparative data analyses of student programs was not calculated.

Table 7 summarizes the attendance patterns of the handicapped children attending therapy classes. Of the 114 children that attended, 35% attended 11-16 sessions. The average student attended 13.6 sessions. Table 8 illustrates the sex and age distribution of these children. Over two-thirds of the children were boys and one third were females. Thirty-six p rcent were of 4.6-4.11 years of age and the average student was 4.7 years of age.

c. What revisions of educational programs were made as a result of program evaluations and diagnoses?

All therapists indicated that testing results were used: to determine the areas of emphasis of therapy treatment, as a basis for parent consultation, and as the determinant for continuation of or termination of therapy. The schedule for testing in preschool clinics required that tests be administered two times per therapy period (15 weeks) or three times per year (two therapy periods).

Revisions of educational programs were reflected by implementing these common practices as a result of test scores.

Table 7

Attendance Patterns of Handicapped Preschool Children (Ages 3-5) in Therapy Classes in 1975-1976

Number of Sessions*	Children Attending					
	#	% of Total	Sex			
			Boys		Girls	
			#	%	#	%
22-34	14	12.3	9	11.8	5	13.2
17-21	20	17.5	11	14.5	9	23.7
11-16	40	35.1	28	36.8	12	31.6
6-10	22	19.3	18	23.7	4	10.5
1-5	18	15.8	10	13.2	8	21.0
Sub Total	114	100.0	76	66.7	38	33.3
Total		100.00		100.0		100.0

Note* Children were assigned to at least 15 sessions each half year

Table 8

Sex and Age Distribution of Handicapped Preschool Children (Ages 3-5) Attending Therapy Classes in 1975-1976

Age (Years and months)	Boys #	Boys % of Total	Girls #	Girls # of Total	Total #	Total %
6.0 and over	1	1.3	1	2.6	2	1.8
5.6 - 5.11	6	7.9	1	2.6	7	6.1
5.0 - 5.5	15	19.8	8	21.1	23	20.2
4.6 - 4.11	27	35.5	14	36.8	41	36.0
4.0 - 4.5	19	25.0	10	26.3	29	25.4
3.6 - 3.11	5	6.6	2	5.3	7	6.1
3.0 - 3.5	2	2.6	2	5.3	4	3.5
2.6 - 3.0	1	1.3			1	0.0
Sub Total	76	66.6	38	33.3	114	100.0
Total		100		100		100

Audiological Screening Tests

a. The test results were the basis of initial parent consultations.

b. The child was referred for more intensive evaluation by medical professions, etc., as needed.

c. The child was rescheduled for subsequent screening test.

d. The child was placed on the waiting list.

Pretest

a. The child's therapy emphases were modified to stress areas of weaknesses.

b. The child's parents were advised of techniques to be used at home to improve performance.

c. Where applicable, the child's program with other agencies were coordinated with clinic emphasis.

Posttest

a. The need for the continuation of therapy was determined.

b. The child was referred to subsequent educational level or agency.

c. Posttests were used as a pretest to establish areas of emphasis for a second session.

d. Posttests were used for parent consultation.

Objective 4: To provide comprehensive preschool hearing and language programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and incorporate the concept of 'normalization.'

Proposal Intent

Component A

a. To provide comprehensive speech and language diagnostic evaluations and therapy to preschoolers.

b. To provide direct therapy service to 160 preschool children that stimulates expressive language, involves parents, includes prescriptions, diagnoses, etc.; improves auditory nonverbal and verbal reception, etc.

c. To provide one aide to circulate between the three clinics.

d. To involve parents and classroom teachers in workshops and visits to classes.

e. To implement two parent meetings during each four-month therapy sessions.

f. To provide referrals and/or follow-up services to children placed in other agencies.

g. To provide inservice training of staff (p.104-116).

Component B

a. To provide the classroom teacher with materials, techniques demonstrations, and staff development sessions.

b. To involve parents in stimulation techniques.

c. To improve children's expressive and receptive oral abilities through therapy.

d. To screen, diagnose and evaluate children in the Get Set Centers.

e. To provide the services of an itinerant aide.

f. To provide an inservice workshop for teachers and aides in Get Set Centers (p.121-128).

Component C

a. To provide diagnostic evaluations and therapy.

b. To process referrals.

c. To provide therapy for 40 children and their parents two times per

week which develops skills in speech, language, perception, dis-discrimination, sequencing, etc.

d. To provide parent counseling by appointment, telephone, home visits and as a part of therapy sessions.

e. To make inservice presentations.

Evaluation Questions:

a. How have the roles of key project personnel been implemented? (case manager and information manager)

On January 13, 1976, the information manager and the Research Assistant met with the case manager to discuss various facets of the program. The discussion was in two parts - those areas, forms, etc., needed for the classification system the information manager was devising; and a discussion of the questions on the Case Manager Questionnaire which were based on the state mandated outline.

The case manager and the information manager discussed forms and the uses of these forms as aids to writing prescriptions and tracking students in the Special Education Program. The case manager indicated that she had begun a pilot study in District 6 because the informal mainstreaming of special students without official notification had created a problem and that she sought to discourage informal procedures within the schools. In order to collect information for the pilot study, the case manager had devised and distributed "The Program for Exceptional Pupils" form.

The District 6 study was implemented through the efforts of the case manager. To assist her in this endeavor, two per diem people were hired for secretarial work and data collection.

The case manager indicated other aspects of the District 6 study as:

1. An attempt to set up a model through which unanticipated problems could be solved.
2. An opportunity to review data tentatively requested for the classification system to analyze the need for the data in respect to program implications.

Up to this time, the case manager indicated that she had been involved with:

a. the identification of students
b. establishing resources
c. tracking
d. prescription writing
e. student placement
f. visiting special facilities of private agencies
g. identifying irregularities in the special education program
h. identifying the number of students who had not undergone a psychiatric examination, those who had been diagnosed but not placed, and the special preschool children in the school setting

Although her time was spent generating information for school age children in District 6, the case manager saw the emphasis of her position at the pre-school level since the state coordinator emphasized the pre-school program during their meeting January 12, 1976. Congruent with this concept, the case manager saw a need to find students not in the school setting and was then taking a preschool census in private agencies to indicate the probable needs of public school instruction in the future.

The case manager described a process through which she informed the Executive Director of Early Childhood Programs of the results of her private agency visits. She had contacted preschool agencies to identify the handicapped population, and developed forms for collecting information. The District 6 study form was indicated as a "stop-gap" measure until the classification system was operable. Negative reactions to the District 6 survey were voiced by principals to the Division of Administrative and Survey Research. The District 6 study was terminated.

The Research Assistant gave the case manager the outline questionnaire (Appendix F) to describe her implementation of this position in respect to the functions outlined in the state regulations (Appendix G).

RESPONSES TO CASE MANAGER QUESTIONNAIRE:

1. What steps have you as case manager taken in planning for child identification on the local level?

Response: Local child identification had been implemented through pre-school private agency visits and a school by school survey. The children not served by some agency had not been estimated.

2. What input have you provided in implementing these areas of the child identification system:

a. awareness at the local level 2?

Response: The case manager's input to the child identification system did not include the awareness campaign at the local level. This was left to the information manager.

b. Identification and location (Have procedures been discussed, forms devised, or other plans, to expedite references from the information manager/case manager?

Response: Meetings were being held with the information manager on identification and location procedures.

c. diagnosis and evaluation (Have you begun to maintain a history of diagnostic services? If so, how extensive is this directory?

Have available services in these areas included:

1. school districts
2. intermediate units
3. Pa. Dept. of Education
4. Pa. Dept. of Public Welfare
5. Pa. Dept. of Health
6. private agencies
7. community agencies

Response: In the area of diagnosis and evaluations, the case manager noted that there was a meeting once a week to establish an approach to multi-disciplinary evaluations. Progress on compiling the directory in the areas specified in the state mandate received these comments:

.school district - "a complete list"

.intermediate units - "familiar with several others"

.Penna. Dept. of Ed. - "have made inquiries"

.Penna. Dept. of Public Welfare - "have made inquiries"

.Penna. Dept. of Health - "have made inquiries"

.private agencies - "have visited the more prominent"

.community agencies - "some idea of the services they render"

d. assessment of existing programs and services

(Have you attempted to match children's needs with available services? What procedures are you using?)

Response: In the assessment of existing programs and services, the case manager said that any referrals that were made to her, she attempted to place.

3. What problems have you noted in functioning as case manager?

The major problem in functioning as a case manager was indicated as the lack of specific guidelines. The orientation meeting in Harrisburg, January 28, 1976 would supposedly clarify this role.

On March 22, 1976, the case manager reported the following activities:

1. The case manager was involved with interviews for hiring a program manager.
2. Position descriptions of the case manager and program manager were not final.
3. Another appointment with the Research Assistant was desired by the case manager during the second week of April when all expected personnel for the Title VI-B program would be hired.

The April meeting was postponed until June 30, 1976. At this time, an End-of-Year Case Manager Interview Questionnaire (Appendix F^2) had been designed to facilitate this effort.

The activities of the case manager relating to each program function as determined from the End-of-Year Case Manager Interview Questionnaire is given below:

Function: To plan child identification on the local level.

Implementation Efforts: Fifty-two preschool agencies were surveyed in order to document the kinds of handicaps served, type of staff, quality of program and specifications for enrollment.

Function: To implement public awareness at the local level.

Implementation Efforts: Nothing was done as of June 30, 1976 in this regard. The case manager did not assume this responsibility until April, 1976 at the request of the state. Originally it had been part of the job description of the information manager.

Since then, pre-operational procedures for public awareness had been initiated which included developing brochures, devising TV and radio announcements, and requesting approval from the Office of Informational Services.

Function: To discuss, devise forms, and plan with the information manager identification and location procedures.

Implementation Efforts: The case manager had met with the information manager on several occasions to discuss identification and location procedures.

The survey of school age children in District 6 had been completed and the report had been submitted to the I.U. for use in devising in-school programs.

The report contained data concerning:

1. the number of students misplaced and/or not yet placed.
2. the existence of individual prescriptions for District 6 handicapped children.

The state had requested that the in-school population not be the area of concentration for the Title VI-B case manager.

Function: To maintain a history of diagnostic services.

Implementation Efforts: Meetings were held one time per week to establish an approach to multi-disciplinary evaluations. The information derived was used to devise the concept of the multi-disciplinary team described in the 1976-1977 proposal.

Function: To complete a directory of available services in:

.school districts	.Penna. Dept. of Ed.	.Private agencies
.I.U.'s	.Penna. Dept. of Public Welfare	.Community agencies
	.Penna. Dept. of Community Affairs, etc.	

Implementation Efforts: The case manager reported that these organizations and/or agencies had been contacted and the available services recorded:

.school district - a complete list compiled

.I.U.'s - familiar with all I.U.'s

Inquiries had been made of several state agencies. The Penna. Dept. of Education had been helpful in supplying implementation information and the case manager was on the board of the Penna. Dept. of Public Welfare.

The number of contacts totalled 52. This list was not given to the Research Assistant. No changes in directives were made by the State during the fiscal year.

Function: To assess existing programs and services to match children's needs with available services.

Implementation Efforts: Approximately 75 children were referred for services. All were placed.

.No records were provided for verification.

.No modifications in this function was made.

Function: Tracking, prescription writing, identifying irregularities in the special education program.

Implementation Efforts: Tracking - All youngsters referred were located and placed. All records had been submitted to the state.

Prescription Writing - No prescription writing was done.

Identifying irregularities - No irregularities were identified at the pre-school level. At the school level, it was found that emotionally disturbed children were placed in mentally retarded classes and that some children were placed without "due process" letters.

Other efforts: The case manager restructured the 1976-1977 program including the case manager and information manager's roles. The budget from the 1976-1977 fiscal year was revised in March, 1976.

Approximately 12 per diem teachers-on-special assignment assisted the case manager in her implementation efforts.

In the case manager's estimation, the 1975-1976 proposal needed revision, as neither the case manager or information manager had sufficient staff. In addition, these positions needed better definition.

Efforts to compile a directory of school and community resources during the 1971-1972 fiscal year involved telephone contacts with 227 agencies in the greater Philadelphia area serving preschool handicapped. The case manager under Title VI-B contacted 52 agencies during the 1975-1976 fiscal year.

The case manager reported making no progress in the areas of public awareness, prescription writing, or maintaining a history of diagnostic services.

Communications problems were found within the program during the 1975-1976 program year. It is recommended that attention be given to this problem during the next program year.

Information Manager

The position of information manager was funded by Title VI-B and implemented as a service of the Office of Research and Evaluation to Special Education personnel.

The information manager began devising a child tracking system for all Special Education children 0-21 years as his principal function. In January, 1976, the decision was made to include in the tracking system only preschool handicapped children. The information manager devised procedures for the implementation of the data file up to the point of its becoming operable.

The following services, not related to Title VI-B were also provided by the Information Manager.

a. A system was developed whereby Special Education itinerant teachers, resource room teachers, and teachers of the academically talented report pupil-hours taught. From these data, Average Daily Membership equivalents are computed, thereby substantiating figures reported to the state for reimbursement purposes (Appendix H).

b. The case manager was provided with the results of a Delco Screening Test of kindergarten pupils, conducted in the spring of 1975. (This instrument screens for possible learning difficulties. (Appendix I)

c. The case manager was provided with a roster of full-time Special Education pupils in the Philadelphia School District as of October, 1975 (Appendix J).

d. As requested, aggregate data was provided for the Philadelphia Association of Retarded Citizens, a local Department of Public Welfare Office, and various reports required of the Division of Special Education (Appendix K).

e. Arrangements were made for the editing and the keying to magnetic tape of data collection sheets (Special Education Pupil Information Forms, (S78) that had been filled out in May/June, 1975. Further arrangements were made with Data Processing Division for the production of suitable output.

f. Arrangements were made for the verification, by using the Pupil Directory File, of the presence in the Philadelphia

School District of certain former private school pupils; thereby permitting reimbursements.

Evaluation Question:

b. How many students were served by this program?

Implementation: Special Education records show that 470 children were served in some capacity during the 1975-1976 fiscal year. Evaluation Question 2D discusses the extent of services children received.

Evaluation Questions:

c. What pre-school programs were provided?

Descriptions of the pre-school programs provided have been documented under prior sections of this report. These programs were referred to as:

1. Pre-school Speech and Language Diagnostic Clinics.
2. Speech and Language services to Get Set retarded children via a therapist.
3. Pre-school services for the hearing impaired.

Evaluation Question

d. How long have these programs been in operation?

The Title VI-B Program Implementation Chart summarizes pertinent information concerning operation time. This chart is in Appendix L.

Evaluation Question

e. Have children progressed at rates anticipated by program personnel?

During this year, no process existed for estimating the progress students in the program would attain. No comparisons with a control group of students was possible. No base line information was derived for

comparison purposes.

Evaluation Questions

f. How does the progress made by children undergoing therapy compare with those children who do not receive therapy?

A comparison between treated and non-treated children was not possible for the following reasons:

1. Not all children were treated for a full therapy session of 15 weeks.
2. A uniform method for estimating children's progress has not yet been devised.
3. Children on the waiting list would not be administered a posttest until after admission into therapy.
4. Since children being serviced included a proportion held over for a second session (i.e., the most severe cases) a greater concentration of such cases would be found in the treated group than in the waiting list group.

Objective 5: To develop and maintain a child tracking system that assures continuity of services and/or programs to the individual child.

Proposal Intent:

a. To develop a tracking system for children receiving diagnosis, evaluation, therapy and children referred.
b. To have a social worker track children in Component B and Component C.

Evaluation Questions:

a. What elements of the tracking system have been developed during the 1975-1976 school year?

Implementation: The information manager from the Office of Research developed the following elements of the data system:

1. determined data needs.
2. established procedures for data collection.
3. designed intake documents.
4. developed workable systems for up-dating information.
5. developed a cost analysis for computerization.
6. devised a plan for public awareness that indicated costs, contact persons, duties, etc., and the subsequent tracking of referred persons.
7. developed time-lines for the completion of data system responsibilities.

b. What provisions have been made to assure confidentiality?

Implementation: A procedure was devised by the information manager whereby information was to be released only to people designated in the confidentiality guidelines.

Written requests for such information must contain a brief description of reason for needing such information, use to which the data will be put, specific pupil data items needed, timing requirements, person responsible and location of site if processing of data is other than the school district. A copy of the Confidentiality/Security of Pupil Directory System Data is found in Appendix O.

Objective 6: To develop, maintain, and make accessible to each provider of programs and services, information on resources available for providing these programs and services (identification, diagnosis, and prescriptive program) to all pre-school language and hearing handicapped children in I.U. 26.

Proposal intent:

a. To maintain a supply of developmental, stimulation, reinforcement, and other informative materials in each component.

b. To maintain public awareness information.

c. To maintain rapport with personnel of all services for handicapped children.

Evaluation Questions:

a. Where is the location of the resource center for each program?

Implementation: Resource center responsibilities as described in the proposal were assumed by a number of special education personnel with the Title VI-B supervisor as the principal contact for information requests.

Component B staff maintained a resource service with different emphasis - that of referring hard-to-place children to appropriate agencies. The itinerant Get Set therapist for retarded children maintained the referral resource center in her office at the Powelton Special Education Building. No other resource service of this description existed.

b. Who are the special education staff involved with maintaining the resource center?

To compile general information and materials, all pre-school therapists contributed.

Referral services were provided solely by itinerant Get Set Therapist.

c. What services does the resource center provide?

Six referrals were documented by the itinerant Get Set therapist from three pre-school therapists. Of these six referrals, three were determined to warrant observation by the resource center therapist with

no further action taken since October 1975, two were being processed for educational placement (no notations were made of these placements since the dates of October 1975 and January 1976), and one child was referred for psychiatric evaluation and parent counseling October 1975 and no further disposition was noted of the case.

d. How many requests were made for this service?

Six requests were made.

e. By whom?

Three pre-school therapists in the Speech and Hearing Clinic made requests for referrals of children seemingly maladjusted to the program they were enrolled in.

Model Services for Handicapped Infants

The design for evaluating this component of the project is summarized in Appendix M.

Objective 1: To achieve public awareness of programs and services available to previously unserved handicapped infants ages 0-3 years.

Proposal Intent:

a. to participate in the overall public awareness campaign of the information manager

b. to disseminate information to parents, professionals, and interested parties using mass communications media, brochures, ads, conferences, pre and inservice presentations, etc. (p. 27-28)

Evaluation Questions:

a. What media did the special education staff use to disseminate information about the program?

Model services for Handicapped Infants personnel used the following media to disseminate information:

- .news releases
- .telephone calls
- .personal visits
- .letters
- .pamphlets
- .fliers
- .handbills

Table 9 lists the categories of media dissemination, the agencies contacted and the numbers of contacts made (where possible). This table was devised from chronological listings maintained by Model Services for Handicapped Infants staff.

b. Which method of disseminating information was most productive in stimulating parental action?

Table 9

Contacts and Media Used to Publicize Programs and Services Availabie for Handicapped Infants (Ages 0-3) During 1975-1976

Media	Number of Contacts	Comments
I. News Release	2	
.Daily News	1	telephone contact w. h education earlier
.Various neighborhood papers (10)	1	
II. Flyers and Pamphlets	17	
.Child Guidance Clinic	1	50 pamphlets distributed
.Children's Hospital	1	25 pamphlets distributed
.Health & Welfare Council	1	Obtained listing in directory & calenda
.Mill Creek Community Center	1	15 pamphlets & 15 handbills distributed
.Model Cities	1	200 pamphlets & 50 handbills distributed
.Presbyterian Hospital Outreach	1	50 pamphlets & 10 handbills distributed
.West Phila. Mental Health Consortium	1	50 pamphlets & 25 flyers distributed
.Presbyterian Hospital Social Serv.	1	mailed 100 pamphlets & 10 flyers
.Parents Preparing for Parenthood	1	distributed pamphlets & flyers
.Developmental Disabilities Day Care Center	1	distribution of pamphlets & flyers
.United Cerebral Palsey	1	mailed pamphlets & flyers
.St. Catharine	1	distributed 250 pamphlets
.Counseling Services Program	1	300 pamphlets sent for distribution at 6 sites
.Our Mother of Sorrows	1	260 pamphlets sent for distribution
.Our Mother of Sorrows Get Set	1	100 pamphlets & 10 handbills sent for distribution
.Morton, Catharine & Preston Schools	1	300 pamphlets sent for distribution
.DPA Supervisors (5)	1	Dissemination of pamphlets to caseworkers
III. Telephone Contacts	16	
.Child Guidance	1	
.Community Nursing Services	1	Follow up call
.Hahnemann Developmental Disabilities Services	1	Discussed cooperation of programs with director
.Hahnemann Medical College Day Care Center	1	
.Health Welfare Center	1	
.Developmental Disabilities Day Care Center	2	Arranged for visit
.Jefferson Hospital	1	
.Mill Creek Community Center	1	Contacted director
.Parent Advisory Committee for Get Set & Follow Through	1	
.Parents Preparing for Parenthood	1	
.Presbyterian Hospital Social Serv.	1	arranged future contact
.United Cerebral Palsey	1	described services to director

Table 9 continued

Contacts and Media Used to Publicize Programs and Services Available for Handicapped Infants (Ages 0-3) During 1975-1976

Media	Number of Contacts	Comments
IV. Visits	14	
.Child Guidance	1	
.Children's Hospital	1	Discussed exchange of clientele
.Developmental Disabilities Day Care Center	2	Described program and services
.Community Nursing Services	1	Met with representative
.Parents Preparing for Parenthood	1	
.Presbyterian Hospital Outreach	1	
.PRISE	1	
.St. Carthage	1	
.West Phila. Children's Services	3	Described available services program
.West Phila. Mental Health Consortium	1	
.Child Evidence Clinic	1	re: client discussion

A summary of the Intake Chart (Appendix M) devised by Model Infant staff indicates that 15 children have been enrolled in this program. The sources of referrals were as follows:

Source of Referral	Number
Special Education Personnel	4
Newspaper	4
Pamphlet	5
Children's Hospital (U. of P.)	1
Developmental Disabilities	1
Total	15

Pamphlets given to community organizations and professionals were most successful in generating referrals. Newspaper articles also contributed information dissemination efforts that resulted in the enrollment of children.

Objective 2: To identify, locate and classify by age and service provision all handicapped persons between birth and 3 years of age within the target area.

Proposal Intent:

a. to carry out a census of all handicapped infants residing within the target area

b. to implement COMPILE provisions

c. to follow up all referrals

d. to refer all reports to the District 1 supervisor

e. to implement the assessment classification of identified handicapped infants (p. 28-29)

Evaluation Questions:

a. How many previously unserved handicapped infants have been

identified this year?

Staff records indicated that 15 children have been identified.

b. How does the number of handicapped children identified compare with estimates of handicapped children in this area?

One hundred forty-five children (2-7 years old) were identified as being handicapped and residing in District 1 in a report submitted in June, 1972. Subsequent estimates of the number of handicapped infants (birth to 3 years) in District 1 were not made.

c. To what extent have handicapped infants in the target area been processed according to the specifications of the Model Services Program?

The 15 children enrolled in the Model Services for Handicapped Infants Program have been identified, located, and classified by age and handicapping condition. Appendix M contains the Model Services for Handicapped Infants Intak Chart which documents identification, location, and classification records for each child served by the program.

Objective 3: To provide multidisciplinary and ongoing diagnostic and evaluation services to all handicapped infants which will result in the development of and/or revision of individualized educational program plans.

Proposal Intent:

a. to provide initial psycho-educational assessments

b. to provide follow-up services

c. to participate in various services designed to support parent function

d. to record and report findings and recommendations for the program

e. to write individual prescriptions

f. to offer referral services (p. 29-31)

Evaluation Questions:

a. What kinds of instruments and/or techniques are being used to diagnose and evaluate handicapped infants?

Evaluations of handicapped infants were made through interviews with parents to elicit information concerning family dynamics, developmental histories of the children, attitudes and children's status at the time of contact with the Model Infants Program.

Questionnaires and forms used by the staff were being developed and revised during the 1975-1976 fiscal year. Preliminary instruments are contained in Appendix Z.

b. How often did evaluations take place?

Evaluation of handicapped infants was an ongoing process which involves the skills of many professionals as the need for services was determined. The Service Chart of the Infant Program indicates the diagnostic tools that were used (Appendix N).

c. What revisions of educational programs were made as a result of these evaluations and diagnoses?

Revisions of educational programs for handicapped infants were made on the basis of meetings and/or contacts with the parents of these children. Parents were contacted approximately one time per week to monitor the children's progress. Additional services, program revisions and/or referrals were provided, as needed. Such services as implemented during the 1975-1976 fiscal year were recorded on the

Service Chart (Appendix N).

Through observations and records, evidence that program staff implemented procedures as described in the proposal was supported.

Objective 4: To provide comprehensive preschool programs and services for a large number of handicapped children which are devised in such a manner to assure the achievement of full potential and which incorporate the concept of 'normalization.'

Proposal Intent

a. to develop a central information storage and retrieval system
b. to assure the continuity of programs and services
c. to provide psycho-educational assessment and follow-up assessment
d. to provide a parent training program
e. to hold conferences with representatives of community organizations
f. to provide consultative assistance
g. to devise forms, guidelines, priorities, etc. for program organization
h. to evaluate the program and infant participants
i. to provide reports, proposals, and other written materials as required (p. 32-39).

Evaluation Questions:

a. What duties have key personnel in the program assumed?

The program coordinator and the social worker worked as a team to provide the services indicated in the proposal. The distinction in their roles tended to be that the coordinator was more involved in the administrative aspects of the program, while the social worker was more involved with direct services to parents and children. Because two people were responsible

for designing, implementing, and revising the program as well as providing direct services, their roles frequently overlapped. Activities exemplary of their involvement were:

1. designing and distributing public relations materials
2. locating resources
3. referring children
4. evaluating children
5. prescribing educational programs
6. arranging for needed services
7. counseling parents
8. meeting with parents, professionals, organizations, agencies, etc.
9. researching necessary information, e.g., effective methods, studies, testing materials
10. monitoring children's progress within the program and in other programs to which the child was referred
11. writing reports, brochures, and other required written material
12. providing parents, children and agencies with supplementary services as needed
13. developing a central information storage and retrieval file

b. How many students are served by the program?

Fifteen children received services.

c. What services are provided for handicapped infants?

Direct services to handicapped infants and their parents include counseling, testing, prescription writing, referrals and other supplementary services as needed.

d. How long have these services been available?

The Model Services for Handicapped Infants Program was operational this fiscal year from February 1, 1976 to June 30, 1976.

e. Have children in the program progressed at expected rates?

No expected rates of progress were developed by staff. The concensus of opinion was that such information was not feasible at the stage of development of children serviced by the program.

It was further explained that more fundamental information, including separate diagnoses and testing for some infants was not possible either.

Objective 5: To develop and maintain a child tracking system that assures the continuity of services and/or programs to the individual child and which will comply with the requirements for confidentiality of records.

Proposal Intent:

a. to develop a child tracking system within the guidelines established by the Division of Special Education.

b. to develop a system for record keeping, reporting forms, and other mechanics needed for an operational tracking system (p. 39, 40).

Evaluation Questions:

a. What elements of the child tracking system have been devised during 1975-1976?

Elements of the tracking system devised during 1975-1976 were described on p.p. ___ of this document. The needs of both components

of the Title VI-B Program were incorporated in the development of this system.

b. Have the requirements for confidentiality been satisfied?

Requirements for confidentiality are described in the Districts "Guidelines for Access to and Release of Student Records and Information." Procedures implemented to meet these requirements were described on p. ___.

c. What elements are included in the tracking system to assure the continuity of services to Special Education children?

The child tracking system as planned was to organize information about handicapped children in such a way that by using a job control language card, desired information would be assembled on a "printout" sheet.

Readily retrievable information from a computer storage system would have reduced the time necessary to research information on a specific child from hours or days to a matter of seconds. The tracking system was one device designed to erase the long delays experienced by the parents of handicapped children between the initial referrals and rendering services. Reductions in these delays should result in prompter servicing of the children.

Objective 6: To develop, maintain and make accessible to each provider of programs and services, information, or resources available for all handicapped infants in I.U. 26.

Evaluation Questions:

a. Has at least one person been assigned with resource center responsibilities? What functions have been performed?

The social worker was primarily responsible for resource center activities. She had compiled lists of organizations and agencies that offered services to handicapped infants and arranged to make personal contact with these agencies.

b. What services were provided by the resource center?

The social worker provided referral and follow-up services to the children enrolled in the program.

The Service Chart indicated that four children were referred to other organizations for diagnoses; and three children were referred to other agencies for supplemental services.

Follow-up services as indicated on the Intake Chart were as follows:

Personal Contacts	Phone & Letter Contacts	
19	77	= 96

c. How often was this service used?

Referral services were used 7 times;

Follow-up services were provided 96 times.

DISCUSSION

Direct services to handicapped children were implemented according to proposal intent in those subcomponents that had functioned during previous years. These components were virtually unaffected by the hiring of new staff members and offered a full year of service during 1975-1976. The exception to this statement was the Hearing Impaired subcomponent which was reestablished, in effect, instead of being a continuous service. The Hearing subcomponent, the three new clinic sites, and the new staff members were not active until March, 1976.

Orientation procedures facilitated the transition of personnel to the program and accelerated the offering of direct services to children.

Difficulties in implementing the program as described in the proposal were evident in that:

1. The interpretation of the role of case manager was changed.
2. The interpretation of the role of information manager was changed.
3. The overall public awareness campaign was not activated.
4. Resource centers functioned as referral information centers instead of material/technique.
5. The social worker for the Pre-School Speech and Hearing Component was not hired thereby requiring other staff members to fill this role and/or eliminate services.
6. The period of operation was reduced to half a year for the new components as a result of administrative delays.

The Evaluation Design for this report posed certain questions which were judged appropriate for responding to the objectives via data references. This approach to evaluating was beset by several problems. The difficulties in generating data for specific questions was described under appropriate sections of the "Attainment of Objectives." Because of the manner in which

objectives were derived, performance standards were not set by program administrators. Additional efforts to demarcate basic information about the program revealed the following discrepancies:

1. The estimated numbers of handicapped children to be served varied, e.g., two estimated numbers differing by thousands were derived using authoritative sources in the Pre-School Speech and Hearing Component; no conversion of estimates to actual numbers was possible from sources on which the Model Infants Program is based.
2. Definitions and/or categories of service used by program personnel were not the same, e.g., the term "served" used in the proposal did not correspond with the number of "served" children on which data was collected during 1975-1976; the "resource center" described in the proposal differed from the service offered in 1975-1976.
3. Testing practices for children enrolled in the program differed, e.g., the use of subjective (informal) testing methods and objective tests perpetuated a situation including such great diversity as to complicate efforts to assess children's progress and/or expected progress.

The report included the data that was available from Special Education personnel, and files which could provide a basis for making inferential judgments about the success of the Title VI-B program. Because options were given to the local I.U. to change the mode of operation as they judged appropriate, evaluations of performances were not possible, not could a determination of the quality of these performances be ascertained.

Conclusion

That the Title VI-B Program offered needed services for handicapped children was apparent from attendance records, testing information, enrollment numbers, waiting lists, and referral requests. The questions raised through evaluation revealed a need for program revisions in the areas of organization, goal clarification, and evaluation design. The "Recommendations" section more specifically addresses the possibilities and rationales for such revisions.

Recommendations

The following recommendations are offered for consideration based on information presented above.

Organization

A principal problem in the organization of the Title VI-B Program is that of communications. This problem is made more acute by the newness of the program, and by the fact that it includes a number of different components. A communications pattern needs to be developed which would insure a ready flow of information to and from program administration, and across program components.

In addition, each person in the program should be advised of the direction the program is taking, especially since options exist for initiating program changes at several levels.

Evaluation

The evaluation of a program for which standards do not exist requires the amassing of complete data for all possible aspects.

1. To evaluate children and their progress, behavorial objectives need to be established and/or a validated checklist of child progress indicators incorporating therapist judgment and other authoritative opinion.

2. Forms and processes for data collection should be devised that are more uniformly applicable to all components of the program to reduce the number circulating within the program.
3. Additional evaluation efforts are needed in the evaluation of the parent/family aspect of the program.

Appendix A

Evaluation Designs for
the Preschool Speech
and Hearing Diagnostic
Program

Evaluation Design for the Preschool Speech and Hearing Diagnostic Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
1. To achieve public awareness of programs and services available to unserved speech, language, and hearing preschool handicapped.	a. What media did the staff use to disseminate information? b. Which method of information dissemination was most productive in achieving public awareness as indicated by parental contact with program staff?	a. Information will be collected on the Media Dissemination Form. b. The Media Dissemination Form will be analyzed by totaling the responses in each column. c. Other efforts at information dissemination are being documented by interviews and will be described.	Form Analysis - end of the year; interviews are ongoing activities.	Collected by Special Ed. staff. Interviews and form analysis by Research Assistant.
2. To identify, locate, and classify by age and service provision all language and hearing handicapped persons between the ages of 3 and 5 in Philadelphia.	a. How many new entries have been recorded this year? b. How does the number of new entries recorded this year compare with the number recorded in 1974-75? c. How does the number of preschool handicapped children identified compare with estimates of preschool children so impaired? d. To what extent have handicapped preschool children been processed according to the specification of the Preschool Project?	a. A tally will be made of new entries recorded by the project manager in the Pupil Directory, etc. b. Total new entries for these two years will be reported. c. A comparison of totals of those identified with the numbers estimated will be made. d. A summary of the Extent of services Form will be made. Each column will be totaled.	End of year	Staff and Research Asst.

Evaluation Design for the Preschool Speech and Hearing Diagnostic Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
3. To provide multi-disciplinary comprehensive and ongoing diagnostic and evaluation services to language and speech handicapped preschool children (ages 3 to 5) which will result in the development of individualized educational program plans.	a. What kinds of instruments and/or techniques are being used to diagnose and evaluate handicapped preschool children? b. How often did evaluations take place - for children on the waiting list - for children receiving therapy? c. What revisions of ed. programs were made as a result of program evaluations and diagnoses?	a. By documenting assessment techniques and/or instruments used to diagnose and evaluate. b. By interviewing program staff and reviewing staff records. c. By describing more common processes used to revise education programs from data form. (Column C)	Ongoing	Research Assistant
4. To provide comprehensive preschool hearing and language programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and incorporate the concept of 'normalization.'	a. How have the roles of key project personnel been implemented? (case manager and information manager) b. What additional services have these key personnel provided? c. How many students were served by the program? d. What preschool programs were provided? e. How long have these programs been in operation? f. Have children progressed at rates anticipated by program personnel? g. How does the progress made by children undergoing therapy compare with those children who do not receive therapy?	a. By describing the functions of the case manager and information manager. b. By describing new services available to special ed. children and personnel. c. By counting students on staff records. d. By describing programs provided. e. By making a program implementation chart showing important dates. f. By comparing data of anticipated improvement with actual improvement of students. g. By comparing equivalent diagnostic test scores of active students with those on the waiting list.	Ongoing Ongoing End of Yr. Ongoing Ongoing End of Yr. End of Yr.	Research Asst. and Special Ed. staff

Evaluation Design for the Preschool Speech and Hearing Diagnostic Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
5. To develop and maintain a child tracking system that assures continuity of services and/or programs to the individual child.	a. What elements of the tracking system have been developed during the 1975-76 school year? b. What provisions have been made to assure confidentiality?	a. By describing the components of the tracking system completed during 1975-76. b. By interviewing the information manager and describing these provisions.	Ongoing	Research Asst. and Information Manager
6. To develop, maintain and make accessible to each provider of programs and services information or resources available for all handicapped infants in I.U. 26.	a. Where is the location of the resource center for each program? b. Who are the special education staff involved with maintaining the resource center? c. What services does the resource center provide? d. How many requests were made for this service? e. By whom?	a. By interviewing special education personnel. b. By interviewing special education personnel. c. By describing the services of the resource center. d. By tallying Resource Request forms. e. By categorizing the "referred by" inserts.	Ongoing	Research Asst. and Special Education staff

Appendix B

Media Dissemination Form

Obj. #1

Appendix B Child's Name_____

Media Dissemination Form

Directions: For all children referred, indicate the media through which the parent learned about this program.* Please initial at the bottom.

Written

_____news releases (neighborhood papers)

_____ads in neighborhood papers

_____brochures

_____handouts

_____job announcements

_____bulletin boards

_____placards

_____others (please state)_____

_____ _____

Oral

_____referrals by non-professionals

_____referrals by professionals

_____group presentations (conferences, staff development)

_____others (please state)_____

_____ _____

Mass Media

_____city newspapers

_____radio

_____T.V.

_____others (please state)_____

_____ _____

Initials_____

*All parents who have contacted you should be included.

Appendix C

Extent of Services Form

Obj. #2

Appendix C

District_____

Extent of Services Form

Directions: Please keep an on-going record of these concerns. Fill in the subjects' names then CHECK whether the child has been:

(L) located - his correct address is on file.
(C) classified - the therapist has diagnosed his needs for treatment.
(R.S.) received service - the child has attended at least one treatment session.
(W.L.) waiting list - (self explanatory)

Write in the referral agency.

Name	L.	C.	R.S.	W.L.	Referral Agency
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Totals					

R.A. - C.C.

Therapist's Initials_____

Appendix G

Get Set Inservice Evaluation

-Form

-Analysis

GET SET INSERVICE EVALUATION FORM

1. Center Affiliation: _____

2. You attended these workshop sessions as:

_____a parent

_____an aide

_____a consulting teacher

_____a classroom teacher

_____an administrator

_____other (please state)

_____

_____

3. Circle the highest year of education completed:

Elementary School

1 2 3 4 5 6 7 8

High School

9 10 11 12

College

1 2 3 4

Graduate School

1 2 3 4 5 6 7 8

4. Circle the number of years you have attended Get Set workshops in Language Stimulation and Development.

1 2 3 4 5

5. Circle the number of Get Set workshop sessions in Language Stimulation and Development you have attended this year. (7 were offered.)

1 2 3 4 5 6 7

6. Check all that apply:

These workshops have helped me to:

_____gain a better understanding of language development.

_____develop techniques for stimulating effective language.

_____develop more effective teaching methods.

_____detect speech and language problems more readily.

_____feel more comfortable relating and communicating with special children.

_____better communicate and relate to parents of special children

_____these workshops were not helpful

_____others (please state)_____

_____

7. The workshop session (lecture) that was most useful to me was: (check one only)

_____Workshop #1 Speech and Language Development
Causal Factors of Delayed Speech and Language Development

_____Workshop #2 Mental Retardation - Speech and Language Development in the Mentally Retarded Child

_____Workshop #3 Family Involvement in Language Development

_____Workshop #4 Language Stimulation - Discussion of Receptive and Expressive Skills

_____Workshop #5 Language Stimulation Activities - Expressive Language Theory - Auditory Planning, Concept Formation, Motor Development

_____Workshop #6 Language Stimulation Activities - Expressive Language Theory - Picture Stimuli, Classroom Experiences, Story Telling, Pantomimes, Puppetry

_____Workshop #7 Language Stimulation Activities - Group Techniques in Language Training

_____None of the sessions was useful to me.

8. The workshop session I consider least helpful was: (check one only)

_____Workshop #1 Speech and Language Development - Causal Factors of Delayed Speech and Language Development

_____Workshop #2 Mental Retardation - Speech and Language Development in the Mentally Retarded Child

_____Workshop #3 Family Involvement in Language Development

_____Workshop #4 Language Stimulation - Discussion of Receptive and Expressive Skills

_____Workshop #5 Language Stimulation Activities - Receptive Language Theory - Auditory Planning, Concept Formation, Motor Development

_____Workshop #6 Language Stimulation Activities - Expressive Language Theory - Picture Stimuli, Classroom Experiences, Story Telling, Pantomimes, Puppetry

_____Workshop #7 Language Stimulation Activities - Group Techniques in Language Training

_____No workshop sessions were helpful to me.

9. Check all that apply. I intend to share these experiences with:

_____my family

_____teachers

_____parents

_____aides

_____children

_____others (please state)_____

_____

_____

_____I do not intend to share these experiences

10. A new experience I can provide others with is:_____

_____

_____

11. My suggestions for the improvement of these workshops are to:

a. Involve more people in_____

_____

b. Allow more time for_____

_____

c. Include more time for_____

_____

d. Change_____to_____

_____

Appendix D

5-24-76

GET SET INSERVICE EVALUATION FORM ANALYSIS

The following information was provided by the workshop evaluation checklist:

a. Seven out of 9 participants completed the evaluation form.

b. All participants evaluating the workshop were aides.

c. The education range for the participants was from 11th grade to the first year of college -

5 Of 7 had a 12th grade education
1 of 7 had an 11th grade education
1 of 7 had completed the 1st year of college

d. 58% of the participants had attended the Get Set Workshop for the first time -

4 were attending for the first time
2 had attended 3 years
1 had attended 4 years

e. The number of sessions the participants attended this year as indicated on this form differed markedly from the attendance data taken at each session. The implications of this is discussed in a later section.

f. All 7 participants indicated that the workshop helped them in the six areas noted on the form.

Two participants added that the workshop also provided referral information.

g. Workshop session #4 was indicated as being most useful by four participants. Three participants indicated that all sessions were most helpful.

h. No one session was considered least helpful by the participants. All sessions were indicated as helpful.

i. Experiences, all participants noted, would be shared.

7 participants intended to share her experience with teachers
6 with their families
6 with parents
4 with other aides
5 with children

j. The participants described new experiences as being:

.the awareness of certain handicaps
.learning the parts of the ear
.referral information
.learning the language of the deaf

k. Suggestions for improving the workshop include the following:

involve teachers, parents and aides in the workshop - 3 participants

allow more time for writing notes - 1 participant

more class sessions needed - 2 participants

teacher accolades - 1 participant

more workshops needed in other areas - 1 participant

Comments

The anonymity of the participants completing the form is not possible if the center affiliation is indicated because of the small number of participants.

Reading problems may have affected the way some questions were answered; namely, the attendance question (#5) and the experience sharing question. Revising the administration of the evaluation form to an oral presentation in lieu of a silent reading presentation might minimize the deficiency in reading skills.

The term session in #5 might be better understood if "classes" was substituted.

The provision of referral information to participants might be added to #6.

The workshop leader maintains a good rapport with the participants. Because of this relationship, tendencies to note less than desirable variables as perceived by the participant was avoided.

Question #8 was either not answered or answered favorably. As a result, possible areas for revision were not indicated. Future assurances from the workshop leader that this kind of information is needed and helpful may reap more informative remarks

The Get Set Workshop is a series of seven sessions for which credit is given (or not given) by the workshop leader. Participants are required to attend these sessions after school hours. It is possible that this situation resulted in the selection of participants who were highly favorable toward the workshops prior to attendance.

The evaluation form in its present format stresses the opinions of these participants. Perhaps future evaluations might focus on the outcomes of these sessions rather than opinions which may have been influenced by the conditions surrounding workshop implementation.

Appendix E

Assessment Instruments for Diagnoses and Evaluation of Speech and Hearing Handicapped Children

Appendix E

Student's Name _____ Reference Number _____

Number of Sessions Attended _____ Birthdate _____ Age _____

Test Area	COLUMN A Pre-Test Assessment	COLUMN B Areas of Therapy Emphasis	COLUMN C Anticipated Improvement	COLUMN D Post-Test Assessment	COLUMN E Pre-Post Test Change	Actual Improvement
I. VOCABULARY (Peabody)						
II. DEVELOPMENT (Denver)						
a. social-personal						
b. fine motor adaptive						
c. language						
d. gross motor						
III. ARTICULATION (Goldman-Fristoe)						
a. sounds-in-words						
b. syllable stimulability						
IV. PSYCHOLINGUISTIC ABILITIES						
a. auditory decoding						
b. visual decoding						
c. auditory-vocal association						
d. visual-motor association						
e. verbal expression						
f. manual expression						
g. auditory sequential memory						

COLUMN A Test Area	COLUMN B Pre-Test Assessment	COLUMN C Areas of Therapy Emphasis	Anticipated Improvement	COLUMN D Post-Test Assessment	COLUMN E Pre-Post Test Change	Actual Improvement
V. OTHER TESTS						
a. Name:						
b. sub-tests used						
1.						
2.						
3.						
4.						
5.						
VI. OTHER TESTS						
a. Name:						
b. sub-tests used						
1.						
2.						
3.						
4.						
5.						

Appendix F

Questionnaire: Case Manager Interview

Appendix F

Questionnaire: Case Manager Interview

The following questions will serve as a guideline for interviewing the case manager in respect to the functions outlined in the state mandate.

1. What steps have you as case manager taken in planning for child identification on the local level?

2. What input have you provided in implementing these areas of the child identification system;

   a. awareness at the local level

   b. identification and location (Have procedures been discussed, forms devised, or other plans, to expedite references from the information manager/ case manager?

   c. diagnosis and evaluation (Have you begun to maintain a history of diagnostic services? If so, how extensive is this directory?

   Have available services in these areas included:

   1._____school districts #_____

   2._____intermediate units #_____

   3._____Pa. Dept. of Education #_____

   4._____Pa. Dept. of Public Welfare #_____

   5._____Pa. Dept. of Health #_____

   6._____private agencies #_____

   7._____community agencies #_____

d. assessment of existing programs and services

(Have you attempted to match children's needs with available services? What procedures are you using?)

3. What problems have you noted in functioning as case manager?

4. What solutions do you anticipate to the problems?

5. List other comments you may have:

Appendix F^2

End-of-Year Case Manager

Interview Questionnaire

Appendix F

END-OF-YEAR CASE MANAGER INTERVIEW QUESTIONNAIRE

Functionalistic Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procedures Impact
1. To plan child identification on the local level.	Surveys implemented in pre-schools private agencies, and in school populations using school by school survey. # 's of schools surveyed_____ Use of information:		# s of schools surveyed_____ Use of information:

Function-State Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procedures Impact
2. To implement public awareness on the local level.	Job interpreted as the responsibility of the information manager		

Function-State Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procedures Impact
3. To discuss, devise forms and plan with the information manager identification and location procedures.	Meetings with the information manager were indicated. A model study in Dist. 6 was indicated to identify problems in data collection and type of data most serviceable to program.		

Function-State Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procedures Impact
4. To maintain a history of diagnostic services.	Meetings one time per week to establish an approach to multi-disciplinary evaluations.		

Functional State Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procecures Impact
5. To compile a directory of available services in: .school districts .I.U.'s .Pa. Dept. of Ed. .Pa. Dept. of Public Wel. .Pa. Dept. .private agencies .community agencies	Progress in this endeavor was indicated as: .complete list #'s _____ .familiar with several others #'s ____ .inquiries made #'s _____ " " #'s _____ " " #'s _____ .more prominent contacted #'s _____ .some idea of services they render #'s _____		

Function-Legis Mandate	Initial Implementation Procedures	Modifications, Rationales, Directive Changes	Present Implementation Procedures Impact
6. To assess existing programs and services to match children's needs with available services.	Attempts were made to place any referrals. # of referrals made_____ # of placements made_____		

Other project personnel have been hired to assist you in implementing the program. Please provide this information:

1. Name of position
2. Need/function
3. length of employment

An indication of progress you have made and procedures to assist in these efforts is also desirable.

1. tracking

2. prescription writing

3. identifying irregularities in the special education program

4. other efforts not yet documented

Persons aware of the Title VI-B program realize that unforeseen problems arise during the course of initial implementation. From your experience:

1. What changes do you see as desirable?

2. What recommendations and/or modifications would you make?

Appendix G

State Guidelines

Appendix G

State Guidelines

I. CHILD IDENTIFICATION
(EHA-B: 613(b) (1) (A)

Following are the policies and procedures which the State will adopt in order to insure that "all children residing in the State who are handicapped regardless of the severity of their handicap and who are in need of special education and related services are identified, located, and evaluated, including a practical method of determining which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services;"

(NOTE: In providing such policies and procedures, follow exactly the outline below in terms of content and sequence; copy each of the following statements in the order presented and provide the policies and procedures relating to each.) (See Volume I - Instructions, Page _____.)

A. Statement of Objective

The child identification system is designed to identify and locate handicapped individuals residing in the Commonwealth who are below 21 years of age. The system is designed so that those identified can be evaluated to determine their need for special education and related services. The system is designed to provide a mechanism to track handicapped individuals and monitor the services which they are receiving.

B. Responsibility for Planning of Child Identification

Initial responsibility for the plan for child identification rests with the Pennsylvania Department of Education Bureau of Special Compensatory Education. A special project shall be established to meet the state responsibility. Intermediate units, through an information manager and case manager will be responsible for planning local child identification to be coordinated with the state plan for child identification.

C. Responsibility for Implementation of Child Identification

The Pennsylvania Department of Education will use federal project funds to establish a child identification project to implement the child identification system. Each intermediate unit till employ an information manager and case manager to implement the plan.

D. Procedures for Implementation of Child Identification

The child identification system referred to in this plan is a system to find, locate and identify handicapped children and identify existing educational programs for the placement of handicapped children. Emphasis will be on out-of-school handicapped children with primary emphasis on preschool-aged handicapped children.

Implementation of the plan involves four major components: awareness, identification and location, diagnosis and evaluation, and identification of existing programs and services.

1. Public Awareness

The state project director referred to in Part B above will develop a public awareness campaign to inform the community about handicaps and the availability of special programs and services for the handicapped. The public awareness campaign will use news releases and announcements in a variety of media. The state project director will coordinate similar public awareness campaigns conducted at the local level by information managers in each intermediate unit.

2. Child Identification and Location

The public awareness announcements will refer any person with a question about a handicap or handicapped or thought to be handicapped individual to the information manager in each intermediate unit. The information manager will respond to the inquiries. The information manager will refer any person evaluated as handicapped to the case manager. Those thought to be handicapped but not yet so evaluated will be referred to the case manager for evaluation. Information on all children evaluated as handicapped shall be maintained by the case manager in accordance with Part II of this plan. Appropriate information will be forwarded to the appropriate case manager.

In addition, the state project director will develop a system for identifying and locating handicapped children based on information maintained by the various state departments serving the handicapped.

3. Diagnosis and Evaluation

The case manager in each intermediate unit will refer for evaluation those children identified as possibly handicapped. The case manager will maintain a directory of diagnostic services available in the community and appropriately match individual children with the available services. Available services will include those of school districts, intermediate units, the Pennsylvania Departments of Education, Public Welfare, Health and private agencies.

The state project manager will coordinate the development of an interdepartmental policy on diagnosis and evaluation. Such policy will be designed to promote more efficient development of diagnostic resources by the Departments of Education, Public Welfare, Health and Labor and Industry. The diagnosis and evaluation should result in the development and/or revision of individual educational plans.

4. Assessment of Existing Programs

The case manager will maintain a directory of programs and services in the community and appropriately match individual children needs with the available service.

The state project director will coordinate the development of interdepartmental planning to develop a statewide nonduplicative system of educational programs for preschool and out-of-school handicapped individuals up to age 21. The state departments which provide educational services for the handicapped are Education, Public Welfare, Health, and Labor and Industry.

E. Major Resources

1. New Resources Available Include:

a. A state project for coordinating public awareness, child identification and location, diagnosis and evaluation, and assessment of existing programs.

b. Information managers hired in each intermediate unit. The information managers will be responsible for the local awareness campaign and the maintenance of all data resulting from child identification and evaluation.

c. Case managers hired in each intermediate unit. They will work in conjunction with the information managers. The case manager will be responsible for the evaluation process for individuals referred and for obtaining the most appropriate available program placement.

2. Existing Resources

These resources will be coordinated at the state level by the project director and on the local level by the information and case managers.

a. State Government Agencies--such as:

(1) The Pennsylvania Department of Education
(2) The Department of Public Welfare
(3) The Department of Health
(4) The Department of Labor and Industry (Bureau of Vocational Rehabilitation)
(5) The Department of Community Affairs
(6) The Governor's Office for Human Services

b. Local Government Agencies--such as:

(1) Intermediate Units
(2) County Commissioners
(3) MN/MR county organizations and base service units
(4) Local school districts

c. Any other agencies or organization which, either directly or indirectly, deals with handicapped children or their parents, such as:

(1) Pennsylvania Association for Retarded Citizens
(2) Pennsylvania Mental Health Association
(3) Easter Seal Society for Handicapped Children and Adults
(4) United Cerebral Palsy of Pennsylvania
(5) Association for Children with Learning Disabilities
(6) Pennsylvania Division of Epilepsy Foundation of America
(7) National Society of Autistic Children
(8) Pennsylvania Association for the Blind

d. Community Resources--such as:

(1) Physicians and other health delivery systems
(2) Social service agencies
(3) Civic groups
(4) Private schools
(5) Religious organizations
(6) Parent groups

e. Public Communications and Media--such as:

(1) Pamphlets
(2) Brochures
(3) Newspapers
(4) Radio
(5) Television
(6) Letters
(7) Governor's Hot Line
(8) Speakers' Bureaus

F. Expected Outcomes for FY 1977

1. Greater public awareness and understanding of handicapping conditions and services available to the handicapped.

2. All handicapped persons (ages 0-21) to be identified and located.

3. A current directory of diagnostic services will be established in the state and in every intermediate unit as well as a system for referring individuals for diagnosis.

4. A current directory of available services will be established in the state and in every intermediate unit as well as a system for referring individuals to appropriate programs.

G. Procedures to be Used in Monitoring the Development and Effectiveness of Child Identification Procedures

1. The federal coordinating unit in the Division of Special Education will oversee the development and implementation of child identification procedures.

2. The state project director will have the major responsibility for assuring that child identification procedures are implemented.

3. A third party evaluation will be conducted throughout the development and implementation of these procedures. Each intermediate unit project will be evaluated at least twice with a special component to measure the effectiveness of the child identification system; once in the late fall and later in the spring. The final report will attempt to measure the impact of child identification procedures on the total state system.

Appendix H

"Itinerant Program" ADM

APPENDIX M

'ITINERANT PROGRAM' ADM

1. THE PROBLEM

a. Several Pennsylvania Department of Education reports require that the 'Average Daily Membership' (ADM) be submitted for regular special education and vocational/technical classes. The special education ADM is reported as two components; full-time classes and 'itinerant programs' Per Section 2509 of the School Code, reimbursements to school districts for special education costs are directly related to the special education ADM.

b. The ADM for full-time special education classes can be computed from entries on the enrollment/attendance reports (Forms E15, H15, H16, H17) submitted monthly by each school. The entries on these forms are certified as correct by the school principals; hence the forms serve as substantiating documents for the ADM figures reported to the Department of Education. At present there are no comparable forms from which the ADM for 'itinerant programs' can be computed and substantiated.

c. The following reports, all of which include special education ADM figures, must be submitted to receive reimbursement:

Report	Due Date
DEBE 284, 'Annual Special Education Report'	January 15
(Update)	May 1
DEBE 482, 'Annual Attendance Report'	July 1
DEBE 483, 'Summary attendance Certificate'	July 1
DEBE 813, 'Special Education Budget, IU Instr. Program'	July 1

2. RECOMMENDED SOLUTION

a. At Enclosure 1 is the rough draft of a form that could be used to record the data from which special education 'itinerant program' ADM figures could be computed. Also enclosed are suggested instructions for the user and the mathematical procedure to compute the ADM (Enclosures 2 and 3, respectively).

b. Data would be collected by the following itinerant and resource room teachers, and the completed forms forwarded to Division of Subsidies through the channels indicated. (The present channels for enrollment/attendance reports would be used, except in the case of those programs where itinerant teachers/therapists are administrarively supervised by Special Education.)

		Channels	
Data Collected by:	No.	Submitted to:	Consolidated by:
Itinerant Hearing	21	Suprv, Itinerant Hearing	Special Education
Itinerant Speech	90	Suprv, Itinerant Speech	Special Education
Itinerant SED	12	Suprv, SED Program	Special Education
Itinerant LD	16	Suprv, LD Program	Special Education
Itinerant VH	10	Principal, Logan School	District 6 Office
Cross-Categorical Resource Room	25	School Principals	District Offices
Hearing Resource Room	9	School Principals	District Offices
SED Resource Room	4	School Principals	District Offices
Academically Talented Elementary	65	School Principals	District Offices
Academically Talented Secondary	65	School Principals	District Offices
	317		

c. Dates for submission would be the same as those required for enrollment/attendance reports (Forms E15, H15, H16, H17).

3. ANNUAL COST

a. Collection documents would be printed in-house:

320 documents x 10 months x $10/1,000 = $32

b. Data computations would be performed by a per diem statistical clerk:

5 days x $20 @ day x 10 months = $1,000

Total $1,032

(Before making entries, read INSTRUCTIONS on reverse.)

1. Program _____

2. Month Covered By This Report _____

3. I certify that this information is correct to the best of my knowledge.

(Signature of Preparing Teacher)

(Printed Name of Preparing Teacher)

FIRST WEEK

	No. of Pupils	Length of Session					
MON							
TUES							
WED							
THUR							
FRI							

SECOND WEEK

No. of Pupils	Length of Session					
–						
–						

THIRD WEEK

	No. of Pupils					
MON	–					
TUES	–					
WED						
THUR						
FRI						

FOURTH WEEK

No. of Pupils	Length of Session					

FIFTH WEEK

MON	–					
TUES	–					
WED						
THUR						
FRI						

Enclosure 1

INSTRUCTIONS

1. Indicate in Item 1 the itinerant or resource room program to which the form applies:

Itinerant Hearing	Itinerant Hearing Disability	Hearing Resource Room
Itinerant Speech	Itinerant SED	SED Resource Room
Itinerant Visually Handicapped	Cross-Categorical Resource Room	Academically Talented

2. Indicate the appropriate calendar month in Item 2.

3. Sign and print your name where indicated in Item 3.

4. Note that there are five blocks on the form labeled FIRST WEEK through FIFTH WEEK; and that each block is divided into five rows, MON through FRI. Each of the five rows is further divided into two parts, 'No. of Pupils' and 'Length of Session'. This scheme will enable you to indicate the number of pupils taught on any day of the month, and the length of their sessions. For example, if you had the following schedule on Monday of the third week: 6 pupils for 42 minutes, 8 pupils for 15 minutes, 2 pupils for 1 hour and 20 minutes, and 7 pupils for 15 minutes; the results would be shown as:

Third Week

M O N	No. of Pupils	6	8	2	7	
	Length of Session	42	15	80	15	

5. Entries should be made after each teaching session. You need not type, legible pen or pencil entries are fine.

6. When the form is completed at the end of each calendar month, submit it ---(appropriate instructions)---.

Enclosure 2

MATHEMATICAL PROCEDURE

Step 1. Add the products of each combination of 'No. of Pupils' and 'Length of Session' to determine the total pupil-minutes taught by the itinerant (or resource room) teacher during the month.

Step 2. Divide these pupil-minutes by the total minutes of school time during the month to determine the ADM for this month for this itinerant (or resource room) teacher.

Example: The ADM for the one day example shown in Enclosure 2 would be:

$$\frac{(6x42) + (8x15) + (2x80) + (7x15)}{1 \text{ day} \times 350 \text{ min/day}} = \frac{637}{350} = 1.8 \text{ pupils}$$

Enclosure 3

Appendix I

District One

Kinder-garten Diagnostic Tests

Memo

APPENDIX I

THE SCHOOL DISTRICT OF PHILADELPHIA

MEMORANDUM

TO	NAME AND OFFICE Dr. June H. Brown Special Education	FILE NO. 209
FROM	NAME AND OFFICE Mr. John T. McKinney Administrative & Survey Research Services	DATE December 2, 1975 SENDER'S TELEPHONE 7747
SUBJECT	District One Kindergarten Diagnostic Tests	

Attached is a copy of the Delco Screening Test results of kindergarten pupils, conducted in District One in the spring of 1973 by Dr. Louis Scheiner. As discussed with you yesterday, this screening test indicates the possibility of potential learning difficulties. The attached copy has been annotated in the right hand margin to correspond with the copy in Dr. Scheiner's possession; the following key explains the red check marks:

1 check - indicates child may have slight potential learning difficulty.
2 checks - indicates child may have moderate potential learning difficulty.
3 checks - indicates child may have severe potential learning difficulty.

You may dispose of this copy as you wish. Any questions regarding test results should be directed to Dr. Scheiner, who can be reached at 299-7760.

JTMcK:sw
Attachment

cc: Dr. Louis Scheiner

Appendix J

Pupil Directory File Listing

of

Special Education Students

Memo

APPENDIX J

THE SCHOOL DISTRICT OF PHILADELPHIA

MEMORANDUM

TO: NAME AND OFFICE Dr. June H. Brown Special Education	FILE NO. 209
	DATE December 11, 1975
FROM: NAME AND OFFICE Mr. John T. McKinney Administrative & Survey Research Services	SENDER'S TELEPHONE 7747

SUBJECT: Pupil Directory File Listing of Special Education Students

The attached is a roster of Special Education pupils obtained from the Pupil Directory File on December 10, 1975. The 'GRD' designations denote the following exceptionalities:

BR - Braille	RD - Remedial Disciplinary
CP - Cerebral Palsy	REE- Retarded Educable Elementary
ED - Emotionally Disturbed	RES- Retarded Educable Secondary
HH - Hearing Handicapped	RT - Retarded Trainable
LD - Learning Disability	VH - Visually Handicapped
MH - Multiple Handicapped	HOS- Hospital Class
OH - Orthopedic Handicapped	

The Pupil Directory File has no present capability to identify Academically Talented or Achievement for Individual Development (AID) students, nor those being served in part-time classes or by itinerant programs. As you know, The Special Education School File has been designed to capture these categories.

Please note that the final pages of computer output include district and city-wide totals, by exceptionality.

JTM:bps
attach.

cc: Dr. Marechal-Neil E. Young
Mr. Edward B. Penry

Appendix K

Information Requested

by

Department of Welfare

Memo

APPENDIX K

THE SCHOOL DISTRICT OF PHILADELPHIA

MEMORANDUM

TO	NAME AND OFFICE Dr. Marechal-Neil E. Young Special Education	FILE NO. 209
FROM	NAME AND OFFICE Mr. John T. McKinney Administrative & Survey Research Services	DATE October 14, 1975 SENDER'S TELEPHONE 7747
SUBJECT	Information Requested by Department of Welfare	

In response to your verbal request of October 10, 1975, the following information was telephoned, this date, to Mr. Cooper, Department of Welfare (in Mrs. Whitman's absence):

a.

	Elementary	Secondary
Educable Mentally Retarded	2,733	5,464
Trainable Mentally Retarded Severely Profoundly Impaired	1,631	985

b. The information is as of the end of calendar year 1974, and was obtained from the 'Annual Special Education Report', dated January 16, 1975.

c. Currently, there is no separate accounting for SPI; their numbers are included in the TMR total.

JMcK:sw

Appendix L

Title VI-B Program Implementation Chart

July 1, 1975 - June 30, 1976

TITLE VI-B PROGRAM IMPLEMENTATION CHART JULY 1, 1975 - JUNE 30, 1976

ACTIVITY		Sept				Oct				Nov				Dec					Jan				Feb				Mar					Apr				May					Jun			
		8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28
Funding Dates									▲																																			●
Schools Opened (9-4-75)																																												
Active Personnel																																											
Program Manager		▲							●																				OF			Exam	▲											●
Secretary (1)		▲																																									●
Information Manager		▲																																									●
Research Specialist	July and August - 1975 Proposal Writing, Requisitions	▲																																									●
Case Manager						▲																																					●
(PRE) Pathologists (5)		▲																																									●
(PRE) Pathologists (11)																		OF			Exam	▲																							●
(INF) Social Worker (1)																						▲																							●
(PRE) Social Worker (1)																																												
(INF) Pathologist (1)																						▲																							●
Requisitions		▲	▲											▲	▲																													▲	▲
Center Openings																																												
Powelton		▲																																									●
Spruance		▲																																									●
Douglass																										▲																			●
Fell																										▲																			●
Emlen (speech)																										▲																			●
Emlen (hearing)																																▲												●
Powelton Resource Center		▲																																										●
Workshops Held																																												
Get Set Stimulation																																▲						●						
Staff Development																			▲							▲																		
Pre-School Inservice				▲				▲				▲									▲				▲				▲				▲				▲				▲		
Component A Active		▲																																									●
Component B Active		▲																																									●
Component C Active																											▲																	●
Infant Stimulation Active																						▲																							●

▲ Start task

● End task for Fiscal year

OF - Opportunities flyer

Exams - Examinations given

Pre - Pre-school

Inf - Infant

Chart indicates the week when these activities were implemented.

Appendix M

Evaluation Design for the Model Services

for

Handicapped Infants Program

Evaluation Design for the Model Services for Handicapped Infants Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
1. To achieve public awareness of programs and services available to previously unserved handicapped infants ages 0 to 3 years.	a. What media did the special education staff use to disseminate information about the program? b. Which method of disseminating information was most productive in stimulating parental action?	a. By interviewing key personnel to document their efforts in achieving public awareness. b. The Media Dissemination Form will be tallied to identify the media which were most productive in stimulating parental action.	End of year	Research Assistant and staff
2. To identify, locate, and classify by age and service provision a handicapped persons between birth and 3 yrs. of age within the target area.	a. How many previously unserved handicapped infants have been identified this year? b. How does the number of handicapped children identified compare with estimates of handicapped children in this area? c. To what extent have handicapped infants in the target area been processed according to the specifications of the Model Services Program?	a. By counting new entries in project records. b. By comparing the number of children identified with the estimated number. c. By summarizing the columns of the Extent of Services Form.	End of year	Research Assistant and staff

Evaluation Design for the Model Services for Handicapped Infants Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
3. To provide multi-disciplinary and ongoing diagnostic and evaluation services to all handicapped infants which will result in the development of and/or revision of individualized educational program plans.	a. What kinds of instruments and/or techniques are being used to diagnose and evaluate handicapped preschool children. b. How often did evaluations take place? c. What revisions of educational programs were made as a result of these evaluations and diagnoses?	a. By documenting assessment techniques and/or instruments used to diagnose and evaluate. b. By interviewing program staff and reviewing records. c. By describing some common processes used to revise educational programs as indicated in the data form. (Column C)	End of Yr.	Research Asst.
4. To provide comprehensive preschool programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and which incorporate the concept of 'normalization.	a. What duties have key personnel in the program assumed? b. How many students are served by the program? c. What services are provided for handicapped infants? d. How long have these services been available? e. Have children in the program progressed at expected rates?	a. By describing the roles of key personnel in the program. b. By counting children in the program. c. By describing services that are performed. d. By using an Implementation Chart with dates of important steps in implementation. e. By reporting children's progress and expectations of project personnel.	End of Year	Research Assistant

Evaluation Design for the Model Services for Handicapped Infants Program

Program Objectives	Questions to be Answered	How?	When?	By Whom?
5. To develop and maintain a child tracking system that assures the continuity of services and/or programs to the individual child and which will comply with the requirements on confidentiality records.	a. What elements of the child tracking system have been devised during 1975-1976? b. Have the requirements for confidentiality been satisfied? c. What elements are included in the tracking system to assure the continuity of services to special education children?	a. By describing the principal components of the tracking system with indications of when components will become or have become operable. b. By describing the schema used by the information manager to maintain confidentiality. c. By interviewing the information manager.	April	John McKinney and Research Assistant
6. To develop, maintain and make accessible to each provider of programs and services, information, or resources available for all handicapped infants in I.U.26.	a. Has at least one person been assigned with resource center responsibilities, and what functions has he performed? b. What services were provided by the resource center? c. How often was this service used?	a. By interviewing project personnel. b. By interviewing project personnel. c. By analyzing project records.	April	Research Asst. and resource person.

Appendix M'

Intake Chart

INTAKE CHART

ame	Date of Birth	Address	Meets Req.*	Race	Sex	Date of Referral	Source of Referral	Primary Handicap	Contacts: Personal	Phone & letter	Total
				White	M	6/29/76	Spec. Ed.	tuberous sclerosis	0	1	1
				Black	M	5/27/76	newspaper	developmental delay	1	4	5
				White	F	5/19/76	Spec. Ed.	emotionally disabled	1	10	11
				Black	F	2/18/76	newspaper	emotionally disabled	0	6	6
				Black	M	2/17/76	newspaper	developmental delay	4	9	13
				Black	M	4/23/76	Spec. Ed.	emotionally disabled	2	8	10
				White	M	5/17/76	Children's Hospital	hydrocephaly	1	3	4
				Black	M	5/24/76	pamphlet	developmental delay	1	3	4
				Black	F	4/8/76	pamphlet	developmental delay	3	8	11
				Black	M	4/8/76	pamphlet	orthopedic	2	4	6
				White	M	3/29/76	pamphlet	developmental delay	2	7	9
				Oriental	M	4/5/76	Pamphlet	developmental delay	1	10	11
				Black	M	2/19/76	newspaper	[illegible]	0	2	2
				White	F	4/29/76	Spec. Ed.	orthopedic	1	2	3
				Black	M	7/6/76	Developmental Disabilities	developmental delay	0	1	1

* Meets all requirements for age and geographic location

Appendix N

Service Chart

SERVICE CHART

Name	Primary Handicap	Other Impairments	Medical Records Requested	Diagnostic Tool Used	Referred to Other Agency for: Diagnosis	Referred to Other Agency for: Supplemental Services
	tuberous sclerosis		no			
	developmental delay			*PAR		
	emotionally disabled		yes	informal evaluation		
	emotionally disabled	possible M.R.	no	informal evaluation	Preschool Referred Classroom	Child Guidance Clinic Intramural Program
	emotionally disabled	possible M.R.	no	informal evaluation	Psychological Pediatrics at Children's Hospital	Child Guidance Clinic Intramural Program
	emotionally disabled	big kid syndrome	Yes	informal evaluation		
	Hydrocephaly		yes	PAR		
	developmental delay	deformity of left hand of forearm	yes	PAR		
	developmental delay		no		Psychological Pediatrics at Children's Hospital	
	orthopedic		no			
	developmental delay		no	PAR	Preschool Speech and Hearing	Preschool Speech and Hearing
	developmental delay	possible brain damage	yes			
	S.P.I.		no			
	orthopedic		no			
	developmental delay	behavioral problems	no			

* Developmental Attainment Record, Gilliam A. Doll, 1966

Appendix O

Guidelines for Access to and Release of

Student Records and Information

THE SCHOOL DISTRICT OF PHILADELPHIA

MEMORANDUM

TO	NAME AND OFFICE Office of Research and Evaluation Staff	FILE NO. 209
FROM	NAME AND OFFICE Edward B. Penry and Michael H. Kean	DATE August 26, 1975
		SENDER'S TELEPHONE 7747
SUBJECT	Confidentiality/Security of Pupil Directory System Data	

This memo is issued for your information and guidance, pursuant to our responsibilities for insuring data privacy and security of the individual pupil data contained on the Pupil Directory System tape files and hard copy reports.

GENERAL STATEMENT

1. With the exception of race and sex, all data elements collected, stored, and maintained for each pupil within the Pupil Directory System are "directory" type information as defined in the Family Education Rights and Privacy Act (Public Law 93-380, Section 99.3).

2. Access to the magnetic tape files and/or the hard copy records of the Pupil Directory System must be in compliance with Federal and State Laws and the Office of Research and Evaluation and School District policy.

OPERATIONAL GUIDELINES

1. All requests for access to the individual pupil data on the magnetic tape files of the Pupil Directory System from offices, agencies, and/or individuals must be submitted in writing to the Director of Administrative and Survey Research Services or the Exective Director of the Office of Research and Evaluation or their designees.

   It is the policy of the Division of Data Processing not to honor requests for access to the Pupil Directory System files without first having received authorization from either the Director of Administrative and Survey Research Services or the Executive Director of the Office of Research and Evaluation.

   Written requests are not applicable to the normal maintenance, developmental and testing activities of the Pupil Directory System by the Division of Data Processing's personnel.

2. All requests for access to the Pupil Directory System hard copy reports containing individual pupil data by offices, agencies, and/or individuals must be authorized by the Director of Administrative and Survey Research Services or the Executive Director of the Office of Research and Evaluation or their designees.

FORM S 50—MEMORANDUM—SCHOOL DISTRICT OF PHILADELPHIA (JUNE 1966)

3. Any questions concerning the appropriateness of access to either magnetic tape files or hard copy reports if not reconciled by the Director of Administrative and Survey Research Services or the Executive Director of the Office of Research and Evaluation are referred to the Department of Legal Services for a decision.

4. All Pupil Directory System magnetic tapes are to be located in the Division of Data Processing's tape library. Authorization for anyone to remove these tapes from the computer room must be received in writing from the Director of Administrative and Survey Research Services or the Executive Director of the Office of Research and Evaluation.

   If authorization is given, it is understood that removal of tapes from the library and their subsequent handling are subject to Data Processing's policies and procedures. Further, the person signing for the tapes is responsible for their security and for insuring the confidentiality of the individual pupil data.

5. The written requests to access Pupil Directory System tapes containing individual pupil data should be brief but must contain the following points:

   a) Brief description of reason for needing access to these tape files.
   b) Use to which the data will be put.
   c) Specific pupil data items needed.
   d) Timing requirements.
   e) Person(s) who will be doing programming.
   f) If the processing will be done at a location other than the School District's central computer room.

6. The Division of Data Processing will be sent a copy of the request noting that it has the approval (or disapproval) of the Director of Administrative and Survey Research Services and/or Executive Director of the Office of Research and Evaluation.

If you have any questions concerning these guidelines, please contact Edward Penry or Yaakov Kanovsky in the Division of Administrative and Survey Research Services.

Edward B. Penry

Michael H. Kean

EBP:bps

cc: David A. Horowitz
Anthony D'Alonzo
Richard Wollaver
Anthony DiSilvestro
Selig Schrager
Charles D. West

SCHOOL DISTRICT OF PHILADELPHIA

GUIDELINES

FOR ACCESS TO AND RELEASE OF STUDENT RECORDS AND INFORMATION

PART I DEFINITIONS

A. The term "education records" means those records, files, documents, and other materials which contain information directly related to a student and are maintained by the School District, or a person acting for the School District. For kinds of records maintained, see Part V paragraphs B. and C.

B. The term "education records" does not include the records of institutional, supervisory, and administrative personnel, and education personnel, and personnel ancillary thereto, which are in the sole possession of the maker thereof and which are not accessible or revealed to any other person.

C. The term "student" means any person who is attending or has attended any school of the School District and with respect to whom the School District maintains education records.

D. The term "eligible student" means a student who has attained 18 years of age, or is attending an institution of post-secondary education. Whenever a student has attained 18 years of age or is attending an institution of post-secondary education, the permission or consent required of, and the rights accorded to the parents of the student, shall thereafter only be required of or accorded to the student, except that parents who claim the student as a dependent under the provisions of the Internal Revenue Code shall have the right of access to the student's records and information contained therein (as provided in Part III A(8)).

PART II ACCESS TO RECORDS

A. The School District shall provide parents or eligible students access to the education records of the student.

B. Access rights of parents or eligible students shall consist of:

(1) The right to inspect and review the content of education records.

(2) The right to obtain a copy of the education records at no charge. There will be a charge for obtaining any additional copies of the education records.

(3) The right to a response from School District to reasonable requests for explanation and interpretation of the education records.

(4) The right to an opportunity for a hearing to challenge the content of those records, as provided in Part IV.

(5) If the material or document in the education record of a student includes information on more than one student, the right to inspect and review only such part of such material or document as relates to such student or to be informed of the specific information contained in such part of such material.

(6) The right to bring a lawyer or parent advocate to review an education record.

C. Procedure for gaining access to records:

(1) A parent or eligible student seeking access to education records, may make a request by telephone or in person of the custodian of the records desired (see Part V for description of School District records and records custodians). However, prior to the education records being shown the parent or eligible student must sign an official request form.

(2) Access to the education records requested shall be granted as soon as possible but not later than 45 days after the receipt of a written request by the custodian of the education records.

PART III RELEASE OF RECORDS

A. The School District shall not permit access to or release of education records, or personally identifiable information contained therein of students (other than directory information, under the conditions set forth in Part III) without the written consent of the parent, or the written consent of an eligible student, including colleges and prospective employers. The School District of Philadelphia shall make available to other school districts to which a student may be transferred the education records of that student provided that a release signed by the parent or eligible student is sent to the School District of Philadelphia prior to the release of any education records.

B. Parties to whom education records may be relesed without parental consent or the consent of an eligible student, are:

(1) Other school officials of the School District of Philadelphia who have a legitimate educational interest. The education records are for the direct use of such school officials and may not be released or transferred by said school officials.

(2) If such information is furnished in compliance with a judicial order or pursuant to any lawfully issued subpoena, upon condition that parents and the students are notified of all such orders or subpoenas in advance of the compliance therewith by the School District.

(3) Authorized representatives of:

(a) The Controller General of the United States;
(b) The Secretary of the Department of Health, Education and Welfare;
(c) The Commissioner and the Director of the National Institute of Education;
(d) State education authorities in connection with the

audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements which relate to such programs

(4) In connection with a student's application for or receipt of financial aid. (For example: Social Security benefits.)

(5) State and local officials or authorities to which such information is specifically required to be recorded or disclosed pursuant to State statute adopted prior to November 19, 1974. For example, reports shall be made as required by the Act of August 14, 1967, P. L. 239, to the Department of Public Welfare concerning suspected cases of gross physical neglect or injury of a child.

(6) Organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of developing validating, or administering predictive tests, administering student aid programs, and improving instruction, if such studies are conducted in such a manner as will not permit the personal identification of students and their parents by persons other than the representative of such organizations and such information will be destroyed when no longer needed for the purpose for which it is conducted.

(7) Accrediting organizations, in order to carry out their accrediting functions.

(8) Parents of a dependent student of such parents as defined in Section 152 of the Internal Revenue Code of 1954. Parents desiring access to records under this provision shall furnish School District with proof of the dependent status of the student. Such proof may be provided by a copy of the income tax record or a notarized affidavit attesting to the dependent status of the student.

(9) To appropriate persons in connection with an emergency, if the knowledge of such information is necessary to protect the health or safety of a student or other persons; factors which should be taken into account in determining whether records may be released include:

(a) The seriousness of the threat to the health or safety of the student or other persons;

(b) The need for such records to meet the emergency;
(c) Whether the persons to whom such records are released are in a position to deal with the emergency; and
(d) The extent to which time is of the essence in dealing with the emergency.

C. Where the consent of parents or eligible students is required for the release of education records, the consent must:

(1) Be in writing, signed and dated.

(2) Specify the education records to be released.

(3) Specify the reasons for the release of education records.

(4) Specify to whom release of education records is to be made.

(5) A copy of the education records to be released shall be provided to the parent or eligible student, if requested in writing by the parent or eligible student.

(6) Where parents are separated or divorced, a written parental consent may be obtained from either parent, subject to any agreement between such parents or court order governing the rights of such parents.

(7) In the case of a student whose legal guardian is an institution, a party independent of the institution shall be named, pursuant to law, to give a written parental consent required.

D. Release of "directory information":

(1) "Directory information" means the student's name, address, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent school attended by the student.

(2) Directory information may be made public without the consent of parents or eligible students. (Family Educational Rights and Privacy Act of 1974, Pub. L. 90-247, as amended.)

(3) Any parent or eligible student who does not want the School District to release directory information without the prior written consent of the parent or eligible student, must so notify the custodian of the education records within 30 days after the adoption of these Guidelines by the Board of Education of the School District of Philadelphia, and advertisement of the categories of directory information. This notification by the parent must be submitted initially and annually on an official directory information form.

E. Record of access:

(1) The School District shall maintain a record, kept with the education records of each student, which will indicate all parties who have requested or obtained access to a student's education record and which will indicate specifically the legitimate interest that each such party has in obtaining this information.

(2) Such record of access shall be available only to parents or eligible students, to the school officials and their assistants who are responsible for the custody of such records, and to persons and organizations authorized to see such records.

F. Destruction of Records:

(1) No education record may be destroyed by the School District if a parent or eligible student has requested access to such record.

(2) School District maintains the right to pursue a policy of

records management which involves destruction of some records pursuant to the schedule set forth in Part V.

G. Transfer of information by those gaining access to education records.

The School District shall not release personal information on a student, except on condition that the party to which the information is being transferred will not permit any other party to have access to such information without the written consent of the parents or the eligible student and the School District shall so advise any party receiving such information by written statement.

PART IV HEARING RIGHTS

A. Parents of students and eligible students who are or have been in attendance at a school of the School District shall have an opportunity for a hearing to challenge the content of such student's education records.

B. The purpose of a hearing shall be to insure that the education records are not inaccurate, misleading, or otherwise in violation of the privacy or any other rights of students, and to provide an opportunity for the correction or deletion of any inaccurate, misleading, or otherwise inappropriate data contained therein, and to insert into such records a written explanation of the parents and eligible student respecting the content of such records.

C. Conduct of hearing:

(1) Education records maintained at a school:

(a) Informal meeting:
The principal of the school shall attempt to settle a dispute with a parent of a student or the eligible student, regarding the contents of the student's education record through an informal meeting with the parent or eligible student:

(b) Formal hearing:
If the matter cannot be settled in a satisfactory manner in the informal meeting, either the principal, the parent, or the eligible student may appeal to the District Office. A hearing shall be conducted by the District Superintendent or by one of his administrative assistants. This hearing shall be held and a response forthcoming within 45 days of a written request for the hearing.

(2) Education records not maintained at a school:

(a) Informal meeting:
The administrator of the division currently responsible for the education record shall attempt to settle a dispute with the parent of the student or eligible student regarding the

content of the student's education records through an informal meeting with the parent or eligible student.

(b) Formal hearing:
If the matter cannot be settled in a satisfactory manner in the informal meeting, either the administrator of the division currently responsible for the record, the parent, or the eligible student shall have the right to a formal hearing at the office of the Associate Superintendent for Field Operations. Such hearing shall be conducted by the Associate Superintendent for Field Operations or by one of his administrative assistants. This hearing shall be held and a response forthcoming within 45 days of a written request for the hearing.

D. Expunging or correcting of records determined by agreement or by hearing of the ruling officer to be inaccurate, misleading or otherwise in violation of a student's rights to privacy should be done in the presence of the parent or eligible student.

PART V MAINTENANCE OF RECORDS

A. Student records are an essential part of the educational process. To serve this end, information about students which is required by law and which is considered necessary in accomplishing the educational goals and objectives of the Public Schools in promoting the welfare of the students, will be maintained. The collection and accessibility, dissemination and retention of these records will be controlled by school district policy and procedures designed to implement the primary task of the school while protecting individual rights of the students and preserving the confidential nature of the various types of records.

B. Records will be made available for inspection and review upon request.

Records Most Likely Kept in Pupil Pockets

Type		Length of Time
CEH-14	- Attendance Adjustment Report	Until age 21
E-83	- Rollbook leaf, Elementary, Boys	Until age 21
E-84	- Rollbook leaf, Elementary, Girls	Until age 21
H-101	- Rollbook leaf, Secondary, Boys	Until age 21
H-102	- Rollbook leaf, Secondary, Girls	Until age 21
EH-40	- Application for Admission	Until age 21
H-101A	- Record of Marks, Boys	Until age 21
H-102A	- Record of Marks, Girls	Until age 21
EH-6	- Cumulative Record	Permanent
EH-7	- Cumulative Record Label Card	Permanent
EH-36	- Pupil Transfer Request	As long as needed
H-2C	- Scholastic Record, Computer	Permanent

Test Results - in the pupil pockets or school office	
Iowa Test Scores	Until age 21
California Achievement Test Scores	Until age 21
Medical Records - in nurse's office	
MEH-3 - Pupil Health Record	Permanent
MEH-153 - Dental Health Record	Until age 21
Counseling Records - in the counselor's office	
CEH-132 - Face Sheet, Counseling Record	Transferred or Division of Pupil Personnel & Counseling
CEH-133 - Summary, Counseling Record	Transferred or Division of Pupil Personnel & Counseling
Psychological Record - in pupil pockets	
EH-75 - Request for Psychological Service	Until age 21
S-76 - Psychological Report	Until age 21
S-77 - Psychological Report	Until age 21
Discipline Record - in the pupil pocket or administrator's office	
EH-20 - Discipline Case Report, Teacher	1 year
EH-21 - Discipline Case Report, Principal	2-3 years

C. A copy of the list of specific records by number, name and length of time kept will be available in each school office entitled Requisition, Official Forms and will be shared with parents.

D. Principals may designate the location of the student record file (s) in the building paying due attention to their safety and protection within physical limitations of the school. The principal or his designee is responsible for the security, privacy and use of student records.

E. Location of Records Kept Outside of Schools
These records will be shared upon written request.

(1) Division of Pupil Personnel and Counseling
Room 705 - Administration Building
Althea L. Cousins, Director

Cumulative Record
When pupil graduates or is dropped from roll, record is forwarded to Division of Pupil Personnel and Counseling and kept on file until former pupil reaches age 21. Records are then microfilmed and kept indefinitely for verification purposes. The original record is destroyed.

Medical Record
When pupil graduates or is dropped from roll, record is forwarded to Division of Pupil Personnel and Counseling and kept on file until former pupil reaches age 21. Records which indicate normal childhood diseases are destroyed. Records which have family history, accident, death or any other pertinent information are microfilmed. Microfilmed records are kept indefinitely for verification purposes.

Attendance Division Case Record
These case records are kept active in the attendance division until the youngest child in the family becomes 18. Then those past 18 are kept inactive for 3 years until youngest child becomes 21 for verification purposes and then destroyed.

This case record primarily contains:

C-12 - Attendance Adjustment Calendar
C-16 - Special Case Report
C-18 - Chronological Special Case Record
C-19 - Notice of Treatment
C-26 - Physician's Certificate
C-27 - School Physician's Report
C-131 - Family History
C-164 - Case Memoranda
EH-21 - Discipline Case Report
S-76 - Individual Psychological Report
Psychiatric Examination Report
Summons (Family Court-Adult)
F. C. Juvenile Form 2075 (deprived petition)
Serious Incident Report
Letters and Memoranda

Counseling Record
a. When pupil is dropped from roll, record is forwarded to the Division of Pupil Personnel and Counseling and kept on file until former pupil reaches age 21 and then destroyed.

b. The counseling record of a pupil will be destroyed when the pupil leaves the Philadelphia Public School System upon graduation.

(2) Division of Special Education
1801 Market Street
Dr. Marechal-Neil Young, Associate Superintendent

Psychological Evaluations
Request for Psychological Service - kept until age 21 - then destroyed
Psychological Report - kept until age 21 - then destroyed

(3) Psychiatric Services
B-2 Administration Building
Patricia A. Crowther, M. D.

Psychiatric Evaluations
Written request - never destroyed
Written evaluation - never destroyed

(4) Facilities Security
Kennedy Center
Mr. Millard T. Meers, Chief

Serious Incident Reports
Reports of Serious Incidents (Form EH-31) are written by Administration when they occur. They are forwarded to Facilities Security and never destroyed.

PART VI COLLECTION OF DATA

A. The Superintendent of Schools is authorized to arrange for the administration of vocational interest inventories, aptitude tests, standardized and informal achievement tests, to groups of students or individual students and to report skill and knowledge outcomes in subject matter areas. The schools may also collect such data necessary to evaluate the effectiveness of educational programs and progress. Individual psychological and psychiatric examinations are given with written parental permission. The Superintendent and/or his designee is responsible for the selection and scheduling of standardized tests.

B. Parents and "eligible students" will be informed through a written notation of the reasons for gathering the data, as well as their right to review.

REQUEST FOR RECORDS

I, _____, seek access to the school
Name of Parent or Eligible Student

records of _____ on _____
Name of Student Date

at _____ School in the presence of _____
Name of Custodian

_____.
of Records

DIRECTORY INFORMATION

I do <u>not</u> give my permission to the School District of Philadelphia to release "Directory Information" as provided in Part III D. of the Guidelines for Access to and Release of Student Records and Information.

_____
Signature

I do <u>not</u> give my permission to release _____
Specify What Information

_____ _____
Date Signature

RECORD OF INSPECTION OF PUPIL RECORDS

Date _____

Records Examined: _____
Name of Pupil or Pupils

Records Examined By: _____

Position: _____

Purpose: _____

_____

AUTHORIZATION FOR THE RELEASE OF SCHOOL INFORMATION

_____
Date

I hereby give my consent for the release of information about

_____ from the records of the
Name of Pupil

of the Philadelphia Public Schools.

_____
Signature

_____
Relationship

6/27/75

Appendix P

Research Operation Procedures for 1975-1976 Fiscal Year

Research Operation Procedures for 1975-1976
Fiscal Year

This fiscal year marked the first time the Title VI-B Program had been evaluated in its entirety. The conception of the manner for operating evaluation undertakings was so new, state mandates for guidelines to execute these tasks remain nebulous in many critical areas. Decisions of the Office of Research and Evaluation at the local level determined that these services be offered to best serve program needs:

1. designing forms for data collection, responsibilities, timelines, etc.
2. devising the evaluation design
3. analyzing data collected
4. objectively describing implementation processes
5. documenting personnel roles and functions
6. clarifying the extent of use of data for program personnel
7. monitoring program implementation
8. summarizing and developing the total evaluation in the form of reports
9. coordinating personnel efforts through the dissemination of information, e.g., newspaper articles, instrumentation, basic information about the program
10. attending meetings
11. initiating efforts to coordinate local evaluation plans with those existing in similar programs, e.g., Minnesota, Pennsylvania State third party evaluation
12. evaluating workshops
13. briefing cabinet members, university personnel, new staff members, and proposal writers

14. assisting in the writing of the proposal objectives for the 1976-1977 fiscal year
15. logging program progress
16. designing charts, tables, etc. to summarize scattered data
17. being the consultant for project personnel
18. establishing evaluation assessment instruments for use by program personnel and assembling materials relevant to the project